

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ GTCC ID#: _____

Telephone: _____ Titan Live E-mail: _____

Please indicate which option applies to your situation. This information can be found by checking Self-Service ---> FA Checklist and clicking on the link that starts with “Your Most Recent SAP Evaluation.” Your Cumulative progress and SAP status will be listed. If you have any questions please contact the Financial Aid Office.

- My cumulative GPA is below 2.0 (Complete sections A & B))
- My cumulative completion rate is below 67% (Complete sections A & B)
- My GPA and Completion rate are below the required levels (Complete sections A & B)
- I violated the previous conditions of an approved appeal (Complete sections A & B)
- I have exceeded the 150% Maximum Time Frame standard (Complete section C)

My cumulative GPA is _____ / My cumulative Completion Rate is _____

My signature below indicates that I **understand and agree to abide** by the following conditions of the appeal if approved: (1) I must achieve a Grade Point Average (GPA) of at least 2.0 or better for every semester on an approved appeal, (2) I must maintain at least a 75% or better completion rate for every semester on an approved appeal, and (3) I understand that failure to comply with these requirements will result in a loss of financial aid eligibility.

Student Signature _____ Date _____

A. Attach a detailed explanation describing every W and F grade you received. This situation must have been an extenuating circumstance(s) beyond your control. If you violated your previous appeal you will only need to cover the semester of the violation. This explanation must include:

- The **issues that caused my unsuccessful performance** during for the semester(s) I didn't meet the SAP requirements (use unofficial transcript on Self-Service or speak with a financial aid advisor if you are unsure which semesters to include).
- The **ways those issues have been resolved**.
- My **academic plan for success** in the future.

B. Attach supporting third party documentation. Include your name and student identification number on each page. **Appeals submitted with insufficient or no documentation will be automatically denied.** Your supporting documentation should support your written statement, and must include how your issues have been resolved. Indicate which extenuating circumstance(s) applies to you:

- **Extended illness or hospitalization:** Submit Medical records, Doctor's letter, MyChart, etc. Information from a health care professional must include:
 - What dates did the student's condition prevent them from completing coursework?
 - What date did the condition improve enough to allow the student to successfully return and complete coursework?
- **Unanticipated, serious medical or psychological difficulty:** Submit same as above.
- **Death or extended illness of an immediate family member:** Submit Funeral Program or Newspaper Obituary listing the student's name. If the student isn't listed in the obituary, we will need a death certificate or proof of relationship (birth certificate)
- **Transportation / housing issues:** daily issues now resolved. Submit valid Driver's License, valid car registration, and any proof of major, costly repairs. Rental / Mortgage agreement showing the dates of the housing arrangement.
- **Unavoidable work conflict:** Provide us with documentation of schedule changes, etc.
- **Other extenuating circumstance not listed above:** Provide all related documentation.

C. Max Time Frame Appeals Only. If you have exceeded the Maximum Time Frame (MTF) allotted to earn your degree you will need to submit:

- The reason why you are requesting a MTF extension. This could include changing a program of study, transferring credits from other colleges, pursuing a second degree, etc. Be sure to include how this extension will help you pursue your academic and career goals.
- Provide a statement from your academic advisor written on school letterhead or email listing the remaining number of credits needed for graduation and include the month and year of expected graduation. Email this to finaid@gtcc.edu.

-----Office Use Only-----

Semesters: _____ Met Deadline: Y / N

GPA: _____ Completion Rate: _____ Reinstatement Term: _____

Previous Approved Appeal: Y / N