



Appeal Instruction Sheet for SAP

- The Financial Aid office will not accept an incomplete appeal packet. Completed forms and supporting documents must be submitted together to make your packet complete.
- Please be aware that you will not be attending the appeals meeting. Your appeal forms will be representing you so make sure you do the best job possible when completing them.
- **This is your one and only appeal!!**
- **Appeal due dates are January 20th, March 20th, June 20th, September 20th, or November 20th.**
- In order to regain eligibility to receive Title IV aid if your appeal is denied, you will need to pay out of pocket until you have met the minimum 67% completion rate and have a cumulative GPA of 2.0 or higher.
- Because of new federal regulations involving satisfactory academic progress, schools are required to follow a stricter appeal's procedure. Please understand that your appeal may be denied for the following reasons: car trouble, computer problems, internet problems, or just being immature and/or inexperienced. **We can no longer accept just a statement from the student as supporting documentation.**
- The following reasons may be approved but isn't a complete list: death in family, car accident, medical illness, and/or trauma to a student's life. **Third party supporting documents must be provided.**
- The appeals committee meets on a as need basis or when committee schedule's permit. Students will be notified of the results within 5 business days by mail. We will contact you using the contact information you provide on your appeal form so please make sure that your information is correct.
- **All appeal decisions are FINAL.**



Financial Aid Satisfactory Academic Progress Appeal

Return: Financial Aid Office
149 SE College Place
Lake City, FL 32025

Office: (386) 754-4282
Fax: (386) 754-4782

Complete this form and Attach all additional documentation needed for your appeal. (See Instruction Sheet.) *Incomplete forms without supporting documentation will not be considered.*

Name: _____ **SID:** _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: _____
(Your address and telephone should reflect where you can be reached during the appeal process.)

Major: _____

Please check the term for which you are submitting an SAP appeal.

_____ Fall _____ Spring _____ Summer Year: _____

1. Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking any category that applies to you. You also must follow the instructions for each checked category.

_____ **Serious illness or injury to student or immediate family member (parent, spouse, sibling, and child) that required extended recovery time.** Attach a statement from the physician and explain the nature and dates of the illness or injury.

_____ **Death of an immediate family member.** Attach a photocopy of the death certificate and include the name of the deceased and relationship to you.

_____ **Significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.

(Over)



2. Complete the attached Financial Aid Appeal Academic Plan Worksheet with your advisor.
3. Attach a letter explaining what happened and what has changed with your situation.

All the materials for your SAP Appeal should be turned in as one package (please make a copy for your records):

- _____ Supporting documentation attached
- _____ Academic Plan
- _____ Unofficial Academic Transcript
- _____ Student letter

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeals Committee is final. I also understand that I can only appeal one time.

Signature

Date

.....

For Office Use Only

Reason for unmet SAP:

_____ Cumulative GPA

_____ Course Completion Rate

_____ Academically Dismissed

_____ MAX 150

Number of Semesters at FGC: _____

_____ Approved, beginning with _____ term Year: _____

Stipulations: _____

_____ Denied, _____



Financial Aid Appeal Academic Plan Worksheet

Note: Advisors are not available to complete academic plans during major registration.

To the Academic Advisor:

This student has been placed on Financial Aid Suspension and, at this point, is no longer eligible to receive federal financial aid including Pell Grant and student loans. He or she is appealing this suspension. A Financial Aid Appeal Committee will review this student's appeal, but will need the information you provide on this Academic Plan Worksheet to help reach a more informed decision. Please discuss with the student their academic performance and goals and make necessary course recommendations for future academic terms. If you have any questions, please feel free to contact the Financial Aid office at ext. 4282. Thank you for your assistance.

Student Name _____ Student ID _____

Major _____ Advisor's Name _____

Academic Plan should only include those courses required to graduate:

<i>Suggested Courses Term 1</i>	<i>Suggested Courses Term 2</i>	<i>Suggested Courses Term 3</i>	<i>Suggested Courses Term 4</i>
Total Cr. =	Total Cr. =	Total Cr. =	Total Cr. =
Alternatives	Alternatives	Alternatives	Alternatives

Remaining Credits Needed to Graduate _____ Anticipated Grad Date _____

Comments:

Advisor Signature: _____ Date: _____

To the Student:

If your appeal is approved, you're considered to be on **financial aid warning** and your financial aid eligibility will be reinstated for one semester.

To continue eligibility for future semesters, you must follow this plan AND

1. Complete all classes with grades of C or better and
2. Receive no D, F, W, or I grade and
3. Earn a minimum 2.0 GPA overall

By signing this academic plan, the student agrees to follow the plan with the grade requirements listed above. If you fail to meet the requirements of the plan and you are still not meeting the overall SAP requirements, your financial aid will be suspended.

Student Signature: _____ Date: _____