



## Satisfactory Academic Progress Appeal Form

Student: \_\_\_\_\_ ID No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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Please indicate the semester you are appealing to have your financial aid reinstated:

Semester \_\_\_\_\_ Year \_\_\_\_\_

Have you previously submitted an appeal:  Yes  No

1. In order to retain eligibility for financial aid students are required to maintain a cumulative GPA of 1.5 or better for 1-36 hours attempted and a 2.0 or better for more than 36 hours attempted and maintain a 67% completion rate. In addition, students must complete their program of study within 1.5 times the published time frame for their program of study. Students whose financial aid has been terminated due to failure to maintain satisfactory progress standards may submit an appeal by completing the Satisfactory Academic Progress (SAP) Appeal Form.
2. An appeal will be granted only if you can document extenuating circumstances that prevent you from meeting the Satisfactory Academic Progress Standards.
3. Appeals submitted without documentation will not be considered. Documentation may include, but is not limited to, one or more of the following: statement signed by a physician with dates of treatment/hospitalization verifying that your medical condition significantly impacted your ability to successfully complete the semester; death certificates or obituary; statement from employer on letterhead and signed by a supervisor, etc.
4. Please provide a typed explanation stating the reason(s) for your appeal. **Indicate how your circumstances have changed so that you can comply with the policy in the future.** Please remember to attach your documentation to this form
5. All appeals will be reviewed by the SAP Financial Aid Review Committee. The SAP Financial Aid Review Committee does not meet with students or supporting parties; therefore, it is important for you to provide all information requested on the SAP Appeal Form.

6. **The SAP Committee will meet once a month. In order for your appeal to be reviewed by the committee, your appeal must be submitted by 12:00 noon on the last Wednesday of the month. Appeals will not be granted for previous semesters. Appeals can only be reviewed for the current semester for which you are seeking enrollment. No appeals will be retroactive.**
7. Completed SAP Appeals Forms should be mailed, faxed, emailed or hand delivered to:
- Nash Community College  
Financial Aid Office  
P.O. Box 7488  
522 North Old Carriage Road  
Rocky Mount, NC 27804  
Fax: 252-451-8401  
[nccfinancialaid@nashcc.edu](mailto:nccfinancialaid@nashcc.edu)
8. You will be notified at the end of the following month via your campus e-mail once a decision has been made.

**FOR FINANCIAL AID OFFICE USE ONLY**

Name of Program: \_\_\_\_\_

Hours Attempted: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Completion Rate: \_\_\_\_\_ GPA: \_\_\_\_\_

Hours required for program: \_\_\_\_\_ Maximum: \_\_\_\_\_

Notes: \_\_\_\_\_

Appeal Approved       Appeal Denied      Date: \_\_\_\_\_

**Previous Appeals:**

Date Completed: \_\_\_\_\_ Decision: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Decision: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Decision: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Decision: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Decision: \_\_\_\_\_

