



San Bernardino

Valley College

FINANCIAL AID OFFICE

2015-2016 Satisfactory Academic Progress (SAP) Appeal

Please complete this form and **attach** any necessary documentation for consideration.

Name: _____ Student ID # _____

Telephone Number: _____ Email: _____

You **MUST** list your major: _____ and goal: ☐ AA /AS Degree ☐ Certificate ☐ Transfer

Deadlines to appeal: Fall 2015 is 12/4/2015; Spring 2016 is 05/06/2016; Summer 2016 is 7/01/2016.

***If you do not submit the appeal by the stated semester deadline, it will be reviewed for the following term.**

REASONS FOR TERMINATION

Check all that apply:

- ☐ **GPA Standard:** Did not maintain a minimum cumulative 2.0 Grade Point Average /GPA
- ☐ **Units Completed Standard:** Did not complete at least 67 % of all units attempted
- ☐ **Maximum Unit Standard:** Exceeds 90 allowable units (time frame)

If you already registered for classes, you must make arrangements to pay the balance of your enrollment fees and to purchase your textbooks. If no extenuating circumstances are present it is recommended you successfully complete 1 academic semester demonstrating satisfactory academic progress before submitting an appeal.

For all students submitting a Satisfactory Academic Progress (SAP) Appeal you must complete the following:

1. **Meet with an academic counselor to obtain a current Student Educational Plan (SEP).**
2. **Have your counselor complete AND sign the academic certification parts a – c below:**
 - a. The total REQUIRED Units to complete the selected program of study is: _____.
 - b. The expected transfer/graduation date for this student is _____.
 - c. Counselor Comments: _____

Counselor's Name (Please PRINT)

Counselor's Signature

Date

****Please note:** Only **ONE** SEP will be considered, must be **CORRECT**, include **ALL** current and required courses for the student to complete their selected major. **NO REVISIONS WILL BE ACCEPTED****

Please follow the instructions below for this appeal. Failure to include these items may result in an automatic denial.

- ☐ **Complete and sign this form**
- ☐ **Extenuating circumstances** You must address all terms where you experienced academic problems or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of your mitigating circumstances and explain **what has changed** that will allow you to make SAP progress at the next evaluation. ***Maximum timeframe appeal extension** - Students ineligible based only on excessive units must explain reason for exceeding 90 units.
- ☐ **Proof** that the event you describe occurred. If you are requesting an appeal due to **extenuating circumstances your appeal will only be accepted for the following reasons, and you must have appropriate documentation attached.** You must attach all supporting documentation such as death certificates, medical records and other supporting documentation that relates to the mitigating circumstances.

SATISFACTORY ACADEMIC PROGRESS (SAP)

Appeal request form

Examples of extenuating circumstances include:

1. Death of an immediate family member, during a period of enrollment
2. Major illness/hospitalization (self, child, spouse, or parent), during a period of enrollment
3. Extenuating circumstances beyond the student's control that affected the student's academic progress.

Provide a typed detailed statement which describes the extenuating circumstances when completing the questions below. Federal regulations allow appeals to be approved only if you can demonstrate extenuating circumstances, emergencies, or other unusual circumstances that led to your academic difficulties.

1. Provide a typed detailed statement that describes the extenuating circumstances which prevented you from meeting the SAP Standards. (Attach documentation)
2. What has changed in your circumstances that will allow you to make SAP progress at the next evaluation and be successful? (Attach documentation)
3. What steps are you taking to prevent future unsatisfactory academic progress? (Attach documentation)

Student Statements of Understanding

I certify all information provided with this request is true and correct to the best of my knowledge. I have read and understand the Satisfactory Academic Progress Policy which is available on the Financial Aid website at : www.valleycollege.edu/financialaid. I understand that decisions on appeals are processed on a case-by-case basis. If approved, I agree to the terms of my probation to correct my deficiencies and to maintain SAP standards each semester. I understand the completion of this request does not constitute an approval of my appeal. I also understand the Financial Aid Appeals committee decision is final. I understand that the SAP Appeal review process may take a minimum of **6 – 8 weeks** and I will be notified by mail of the final decision made on my specific circumstances presented in this appeal packet. I acknowledge that an incomplete packet will not be considered.

Student's Name (Please PRINT)

Student's Signature

Date

For Office Use Only

Appeal Approved: _____

Appeal Denied: _____

Comments: _____

SAP Appeal Committee Signature _____ Date _____