



SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students who have been evaluated for compliance with the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility and found to be deficient are placed on SAP Suspension and are not eligible for financial aid funds. The student may be eligible to continue their enrollment and pay out of pocket, or under certain conditions, students with unusual circumstances may file a Satisfactory Academic Progress Appeal (SAPA) for Reinstatement of Financial Aid Eligibility.

Student's Last Name, First, MI	CofC ID Number	
Anticipated Graduation Date	Academic/Faulty Advisor's Name	Phone Number

Indicate semester for which you are requesting reinstatement

Deadline: last weekday in September Fall 20____	Deadline: last weekday in February Spring 20____	Deadline: first weekday in June Summer 20____
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STEPS TO COMPLETE THE SAP APPEAL

Step 1: Check all that apply

GPA below minimum standard: *Select one of the following and sign*

- STEP readmission** – Must provide a copy of your STEP contract. Contracts will not be available until after the STEP workshop. SAP appeals may be evaluated before receiving a copy of the STEP contract; however, financial aid will **NOT** be disbursed until the Office of Financial Assistance receives a copy of the STEP contract.
- Academic Probation** – Must include a copy of your Academic Probation contract. Contracts will not be available until after the probation workshop. SAP appeals may be evaluated before receiving a copy of the probation contract; however, financial aid will **NOT** be disbursed until the Office of Financial Assistance receives a copy of the STEP contract.

I understand that I am NOT eligible for any financial aid unless my appeal is approved. I also understand that if my appeal is approved, I must comply with my Office of Undergraduate Academic Services' Academic Probation contract, STEP contract, or become compliant with the Financial Aid Office's Satisfactory Academic Policy.

Student Signature *Date*

Pace to Completion below minimum standard:

I understand that I am NOT eligible for any financial aid unless my appeal is approved. I also understand that if my appeal is approved, I must complete ALL classes in which I enroll or become compliant with the Financial Aid Office's Satisfactory Academic Policy.

Student Signature *Date*

- Exceed Maximum Hours: *Must include a copy of your degree audit*

I understand that I am NOT eligible for any financial aid unless my appeal is approved. I also understand that if my appeal is approved, I must complete ALL classes in which I enroll and may only attempt classes needed to complete my degree.

Student Signature

Date

Step 2: Select extenuating circumstance(s)

Extenuating Circumstance	Date of Occurrence
<input type="radio"/> Serious illness or injury – include medical documentation	
<input type="radio"/> Death of a relative – include copy of obituary	
<input type="radio"/> The student is working on a second undergraduate degree	
<input type="radio"/> Other – Include all supporting documentation to support your extenuating circumstance. Extenuating circumstances DO NOT include college adjustment issues such as homesickness, difficult coursework, recurring known chronic condition, and/or issues with faculty and staff.	

Step 3: Letter of explanation

- Attach a letter that explains all of the following:
- ✓ The extenuating circumstances.
 - ✓ How those circumstances affected you academically.
 - ✓ How those circumstances have been resolved, or when they will be resolved.
 - ✓ What resources you are/will be utilizing to succeed academically.

Step 4: Email, mail or drop off this completed form to:

Office of Financial Assistance & Veterans Affairs
66 George Street Charleston, SC 29424
financialaid@cofc.edu

By signing this form, I confirm that I have submitted this appeal and supporting documentation because I experienced extenuating circumstances. I am submitting this appeal in compliance with the Satisfactory Academic Progress Appeal deadline specified on page one. I understand that submission does not guarantee approval of the appeal. I understand that an approval of the appeal may not occur before bills are due for the semester; which may require alternative payment arrangements. I certify that the statement and information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student's signature

Date

For office use only:

Mitigating circumstances were beyond the student's control	Y / N
Documentation of mitigating circumstances was complete and appropriate	Y / N
Academic recovery plan realistic and achievable	Y / N
Appeal Approved	Y / N
Date notice was sent to student	

Financial Aid Officer's Signature

Date