# Enterprise State Community College

## Satisfactory Academic Progress (SAP) Appeal

### Student's Information

_____
Student's Last Name,    First    M.I.

_____
Student's ESCC ID

_____
Student's Cell (include area code)

_____
Student's Email

_____
Program of Study

### Term For Appeal

Indicate the term in which you are requesting reconsideration

**Fall_____        Spring_____        Summer_____                    Year_____**

### SAP Guidelines

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas to be eligible for financial aid: ***cumulative GPA, hours earned, and maximum time limit***. It is the student's responsibility to stay informed of the SAP standards and to monitor their own progress. In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events totally beyond the student's control. If such mitigating circumstances can be documented for the specific term(s) when the deficiencies occurred, the student may submit this completed appeal form.

**Step 1: Below please indicate which situation(s) applies to your academic difficulty:**

☐ **Medical:** A medical problem contributed to your failure to maintain satisfactory academic progress. Attach documentation from a medical professional.

☐ **Death:** The death of an immediate family member contributed to your lack of academic progress. Attach appropriate copies of a death certificate, obituary, etc.

☐ **Military Service:** You have withdrawn due to military service. Attach a copy of your military orders.

☐ **Other Circumstances:** Clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation.

**Step 2: Provide an explanation and documentation of your circumstances.**

- Explain what changes have occurred that will enable you to meet Financial Aid Satisfactory Academic Progress requirements (academic tutoring, counseling, etc.). You must state what you are going to do differently academically to ensure academic success (meet with advisor, use resource facilities, tutoring, counseling, etc.).
- Complete a current FASFA for the academic year you are appealing for before submitting your appeal.
- Submit your information.
    - ☐ **Option 1:** Email your completed SAP appeal, explanation, and documentation to financialaid@escc.edu. Include your full name, ESCC student ID number, and SAP Appeal in the subject. **(preferred method)**

For more information, email us at financialaid@ESCC.edu or call (334) 347-2623 ext. 2214

☐ **Option 2:** Mail or hand deliver your completed SAP appeal, explanation, and documentation to the financial aid office to the appropriate campus. Include your full name, ESCC student ID number, and SAP Appeal in the subject.

**Enterprise State Community College**
P.O. Box 1300
Enterprise, AL 36331

**Alabama Aviation College**
3405 South US Highway 231
Ozark, AL 36360

## Appeal Results Student Acknowledgements

- If **DENIED**, I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I also understand that the decision of the appeal committee is final.
- If **APPROVED**, I recognize that I must adhere to the academic plan below. **Please read and initial each statement below:**

_____ I understand the submission of a SAP does not guarantee reinstatement of eligibility and I am responsible for making payment arrangements for any charges I owe regardless of the outcome of my appeal.

_____ I understand that an incomplete application will receive an automatic denial.

_____ I cannot withdraw from any course.

_____ I must pass every class in which I enroll and maintain a GPA of at least 2.0 while on probation or my eligibility will be terminated.

_____ Only register for courses in My Degree Plan. Additional courses or program changes are not allowed until progress is current.

_____         _____
Student's Signature                                          Date

## For Office Use Only

### Reason student is not making SAP
☐ Hours attempted < 67%
☐ GPA <2.; ,1.75; <1.5
☐ Timeframe >150%

### Processing Information
☐ Appeal (approved / denied)
☐ FA Official Signature _____      Date _____