



Satisfactory Academic Progress (SAP) Appeal Form

Students not meeting SAP may appeal IF unusual circumstances have impacted academic results (i.e., student's serious illness or accident; death; accident or serious illness in the student's immediate family; successful completion of one degree and attempting a second if appealing the 150% rule; other mitigating circumstances. Note: Pregnancy is not a mitigating circumstance). The complete SAP policy can be viewed at www.mecc.edu/students/paying-for-college/satisfactory-academic-progress-policy/.

ALL INFORMATION MUST BE COMPLETED. INCOMPLETE APPEALS WILL BE RETURNED TO THE STUDENT WITH NO DECISION REGARDING REINSTATEMENT OF FINANCIAL AID.

STEP 1: Student ID Number: _____ Student Name: _____
VCCS Email: _____

STEP 2: Indicate the year and term for which you are appealing (only select one):

Year: _____ Summer Fall Spring

STEP 3: Indicate the reason for your appeal. If unsure, please refer to the information provided in the email from the financial aid office.

I have a Low Grade Point Average (GPA).

I have successfully completed less than 67% of the credits attempted.

I have exceeded the Maximum Time Frame of 150% of credits required to graduate in my current program of study.

STEP 4: All students completing an appeal must meet with their advisor to fill in the information requested below and attach a copy of their degree progress report to this form.

Academic Program: _____

Est. Date of Graduation: _____ **# of credits needed for program completion:** _____

I confirm that I have met with above named student to discuss their current academic program, degree progress and course selection. I have provided the student with a copy of his or her degree progress report to attach to this appeal form.

Advisor Name/Signature: _____ **Date:** _____

STEP 5: In the space below please detail the specific reason(s) that you feel have contributed to your not meeting satisfactory academic progress (SAP). Include all of the following:

1. Detailed information regarding when these circumstances began and how they specifically affected your ability to complete the course(s) or semester successfully.
2. Detailed information about what has changed with your situation that you feel will allow you to make satisfactory academic progress if you are reinstated. **Students may not use the same reason for more than one appeal.**
3. In addition to your written statement, attach any necessary documentation that substantiates your claim. Examples include copies of death certificates/notices, physician's statements, etc. If more space is needed, please attach additional pages. Include your name and student ID number on all attached documents.

STEP 6: By signing this form, I certify that all information on this form (and any attachments) is truthful and accurate.

Saving and submitting this form (and any attachments) through my VCCS email, serves as my electronic signature and I certify that this information is truthful and accurate.

Name / Signature

Date

MECC FINANCIAL AID OFFICE USE ONLY

Student **will** **will not** be reinstated for the SUMMER FALL SPRING term of _____