

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE  
BOARD OF GOVERNORS  
SCP-4274.A**

**\_\_\_\_\_ Satisfactory Academic Progress (SAP)  
Academic Year Financial Assistance Appeal**

Student Information	
Student Name:	
Student ID:	Date of Birth:
Student Email:	Student Phone Number:
Student Address:	

In order to receive financial aid administered by Southern West Virginia Community and Technical College, you must be making satisfactory academic progress (SAP) toward completion of an eligible degree. For this reason, your SAP for financial aid is calculated each semester to verify that you have met all Federal SAP standards. SAP is measured using the following standards: cumulative grade point average (GPA) of 2.0, degree completion within the maximum time frame of 150% of the credits for completion of a student’s program, completion of 67% or more of all attempted credit hours. Federal regulations require that academic progress be evaluated both quantitatively and qualitatively.

***Section A: Instructions***

***Due to the length of the appeal, please be careful to read ALL instructions in each section. Complete this packet to appeal your Financial Aid Suspension. Incomplete appeals will not be reviewed.***

Complete the FAFSA	Attach personal statement	Attach a copy of your current class schedule
Complete the Appeal process	Academic advisor visit	Don’t Forget!!! Attach all documentation
Attach SUBMITTED course substitution forms	Sign and date all required boxes	Submit to a Financial Aid Representative


- A. **IF YOU DID NOT MEET THE PROGRESS REQUIREMENTS** because you had unusual circumstances, you may file an appeal with our office. You will need to demonstrate the unusual circumstances beyond your control. These circumstances should be one time occurrences that are not likely to be repeated.
- B. **READ THE INSTRUCTIONS CAREFULLY.** All forms and documentation must be submitted by the respective deadline. Incomplete appeals will not be reviewed. Appeals received after the deadline will be considered for the next semester.
- C. **PROCESSING TIME WILL VARY.** Appeals are reviewed within 15 business days of receipt of Final GRADES for current semester of submission. Once a decision has been made, you will be notified in writing to your Southern email account.
- D. **TIMING OF YOUR APPEAL FILING IS IMPORTANT.** If you file late, you must pay your own tuition by the tuition due date or you will be dropped from your courses for nonpayment. Do not rely on the success of your appeal for tuition payment. You must attend all of your classes while awaiting your appeal decision but, be aware that if your appeal is denied you will be responsible for paying all charges from your own resources.
- E. **AN APPEAL DOES NOT GUARANTEE A FULL AWARD.** If you did not meet the academic progress requirements, you have lost your financial aid eligibility which may include all of the aid that was offered to you for the remainder of the academic year. If your eligibility is reinstated through an appeal, we will award you with the funds we currently have available.
- F. **IF YOUR APPEAL IS DENIED,** your current or future offer of aid is subject to cancellation, and no aid (grants or loans) can be paid to you.

**Section B: Extenuating Circumstance & Required Documentation**

**Please be sure to include appropriate documentation for your extenuating circumstance. Appeals may not be considered complete until documentation is attached**

In this section you will select from the list below the extenuating circumstance that caused your financial aid suspension. Please make sure you attach required supporting documentation. Only completed appeals with documented extenuating circumstances will be reviewed by the Financial Aid Office. Be sure to add your name and student id number to all forms of documentation submitted.

I wish to appeal the suspension of my financial aid for the reason(s) indicated below:

	MEDICAL: If a personal medical problem contributed to your failure to maintain SAP, attach documentation that includes treatment dates from a medical professional from whom you have received treatment.
	DEATH/ILLNESS: If the death or illness of an immediate family member contributed to your lack of SAP, please attach appropriate copies of medical records, death certificate, obituary, etc.
	DIVORCE OR MARRIAGE SEPARATION: Provide a letter from your or your parent's attorney on the law firm's letterhead or copy of divorce decree.
	DISASTERS: If events such as fire, flood, earthquake, earth tremors, etc. have occurred you must provide insurance claims or other documentation verifying the date of the disaster.
	SIGNIFICANT TRAUMA THAT IMPAIRED YOUR EMOTIONAL AND/OR PHYSICAL HEALTH: Provide a detailed explain regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc. Explain how the situation has changed to such an extent that it will not impair your future academic performance.
	WORK RELATED DIFFICULTIES: If the loss or change in employment impaired your performance you must provide a letter from employer that verifies the dates and duration of the occurrence. The statement should specifically address work related difficulties and timeframes for which difficulty existed and how the work situation has changed to such an extent that it should not significantly impair future academic performance.
	MAXIMUM CREDIT HOURS: Federal regulations allow students to receive federal assistance up to 150% of credits for completion of student's program or 90 attempted credit hours. Please clearly state the circumstances (not listed above) in your appeal.  <b>(Do not complete Section E: Improvement Plan).</b>
	OTHER CIRCUMSTANCES: Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation. Explain how the situation has changed to such an extent that it will not impair your future academic performance. Attach a separate letter if this box is checked.

**Note: Circumstances related to the typical adjustment to college life, such as working while attending school, financial issues related to paying bills, and/or car maintenance/travel to campus, are not considered as extenuating for purposes of appealing.**

**Section C: My Academic Progress**

*In this section, you will verify your academic progress and select the required services that you will have to complete.*

Current Major:	Anticipated Graduation Date:
Credit hours that I need to graduate:	My Current GPA is
Credit hours that I have attempted:	What should my GPA be according to SAP?
Credit hours that I have completed:	
My completion rate is:	What should my completion be according to SAP?

**To calculate your completion rate, you take credit hours completed divide by credit hours attempted. Example: 20 credit hours completed divided by 62 credit hours attempted would be 0.32 or 32% completion rate.**

*Please note:*

Attempted hours are considered all credit hours in which you are enrolled. All credit hours attempted at Southern West Virginia Community and Technical College, including repeated courses with a grade of “F”, “W”, “I” and all transfer hours that were pursued at a previous institution will be counted in the determination of hours attempted.



**Do not complete this section if your credit hours exceed 90 and you are requesting additional hours. Please select the appropriate box according to your current GPA**

**Section D. Improvement Plan**

**Required Sessions**

	<b>GPA Range</b>	<b>Tutoring Required (per week)</b>	<b>Required Boost Sessions / Brown Bag Lunches (per semester)</b>	<b>Required Student Services Specialist Visit</b>
	1.75 – 2.00	1 Hour	1 Boost Session	Monthly Meeting
	1.50 – 1.74	2 Hours	2 Boost Session	Monthly Meeting
	1.00 – 1.49	3 Hours	3 Boost Session	Monthly Meeting
	0.00 – 0.99	4 Hours	4 Boost Session	Monthly Meeting

**Optional Services**

**Request assistance from Academic Affairs:**

1. Academic Advisor
2. Professors

**School Official Signature:**

**Request assistance from Student Services:**

1. Career Services
2. Counseling Services

**School Official Signature:**

**Other Recommendations:**

- 1.
- 2.

**School Official Signature:**

**Request Assistance from the Registrar:**

1. D/F Repeat
2. Course Transfer Information

**School Official Signature:**

**Notes/Comments:**



**Section F: Student Certification**

I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal and that I must still make payment arrangements.

I understand if my appeal is:

- DENIED, I will not receive financial aid and will make alternative payment arrangements. By signing below, I understand that decisions are processed on a case-by-case basis and the Financial Aid Office may deny any SAP appeal. I also understand that the decision of the appeal is final. I understand that in order to regain my financial aid eligibility I must meet the federal SAP requirements without the assistance of financial aid.
- APPROVED, I will be granted aid on a probationary status. By signing below, I understand that in order to continue my eligibility I will be expected to meet all SAP requirements. I will maintain a semester GPA of at least 2.0 and not withdraw or fail to receive credits for classes enrolled. I will only enroll in hours that are recognized as required courses towards graduation.

I understand that if my SAP appeal is approved, I must meet the requirements listed above. If I do NOT maintain these requirements, I will lose eligibility for financial assistance. If a student continues to take classes after not maintaining SAP standards, they must do so without federal or state financial assistance.

**Agreement and Understanding**

By signing below, I am certifying that I have read the information listed above and that I understand the conditions required in order for my financial aid appeal to be granted. I also understand that failure to complete these requirements may result in the loss of my financial aid.

I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge.

I am aware that falsified documentation will result in an immediate denial of my appeal.

**Student Signature:**

**Date of Submission:**

***As you sign this document and prepare to submit it to Financial Aid, please use the following check list to ensure you have all required documentation.***

**Completion Checklist**

The following requirements must be submitted to the Financial Aid Office for your appeal to be reviewed.

1. I have completed Appeal Form.
2. I have attached a signed, formal, personal statement explaining your extenuating circumstances.
3. I have attached supporting documentation that supports your extenuating circumstances.
4. I have attached a course schedule and any submitted substitution forms.
5. I have attached an academic plan completed and signed by your Academic Advisor.

**For Office Use Only**

Decision                      APPROVED                      DENIED

Justification

Signature

Date

Student Notified:

Emailed

RHACOMM

FA Staff Initials

Date

