



# 2020-2021 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

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Student's Name (PRINT): \_\_\_\_\_ HCCC ID: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_

According to HCCC Federal and State Financial Aid Satisfactory Academic Progress Policy, students not making progress can appeal that decision to the Office of Student Financial Assistance. Financial Aid Satisfactory Academic Progress (SAP) is cumulative in nature and considers ALL classes attempted, not just the previous academic year. You should review the SAP policy on the College website. If you have experienced extenuating circumstances that prevented you from satisfying the requirements, you may appeal using this form. Details of the SAP policy, measurement and appeal procedure can be found online at <https://www.hccc.edu/financialaidpolicy/>

- **You must complete the SAP appeal application within the first two weeks of the semester.**

Please select the reason for your SAP Appeals (**select one 1 or 2**)

- 1. GPA/COMPLETION RATIO Appeals.** Students must maintain a 2.0 cumulative GPA. Students must also complete at least 67 percent of the hours in which they enroll each academic year. All coursework attempted a be evaluated when determining SAP.

**Please explain the unusual or extenuating circumstances that prevented you from being successful and earning a passing grade in your courses.**

**REASON FOR APPEAL (DETAILED EXPLANATION - REQUIRED)**

**WHAT CHANGES WILL YOU MAKE AND/OR RESOURCES YOU WILL USE TO ENSURE YOUR FUTURE ACADEMIC SUCCESS. **Check all that apply:****

- Arrange tutoring sessions
- Rearrange work schedule
- Letter of recommendation from advising or professor
- Other, please explain
- Meet with a counselor/advisor
- Arrange childcare

**Supporting documentation MUST be submitted to support the reason(s) for appeal. An appeal will be denied without sufficient supporting documentation. Please check the type of supporting documentation you are submitting with this form (**check all that apply**).**

- Medical documents or statement regarding an accident, condition or serious illness
- Documented learning disability (letter from counselor)
- Certificate of death of a family member or friend (obituary)
- Involuntary call to active military duty (military orders)
- Change in condition of employment (pay check stubs)
- Police reports, transcripts, accident reports, court records, divorce degree
- Other: Specify \_\_\_\_\_

Important: Letters from family, relatives and friends are not recommended. If this is the **ONLY** information you can provide, you must meet with a Financial Aid Counselor to determine what is acceptable.

**Please place the icon to attached documents here.**

**2. For MAXIMUM TIME FRAME Appeals,** Students receiving financial aid funds will be expected to complete their HCC educational program or course of study within a reasonable time frame. The maximum time frame is 150% of the published length of the academic program or certificate to include all transfer credit hours (including developmental classes). Answer the following:

Students may request to have their maximum timeframe extended under the following circumstances:

- Program of study has changes from \_\_\_\_\_ to \_\_\_\_\_.
- I have an Associate Degree and am pursuing a dual or second degree or certificate.
- I have earned a Bachelor's Degree (or higher) and am pursuing another degree or certificate
- Other (Please explain)

**PLEASE READ AND INITIAL THAT YOU UNDERSTAND THE STATEMENTS BELOW**

\_\_\_\_\_ I understand that I must complete the SAP appeal process within the first two weeks of the semester.

\_\_\_\_\_ I understand that I must meet SAP requirements to maintain eligibility for student aid.

\_\_\_\_\_ I understand that I must meet the requirements of my Academic Plan, which states that I must complete 100% of the courses, which I attempt. No F, NP, I, R, or W grades and must have a 2.0 GPA for the term.

\_\_\_\_\_ I understand that if I will not be making SAP at the conclusion of a semester and has not met the term of my academic plan, I will not be eligible for financial aid and I will be responsible for my tuition bill.

\_\_\_\_\_ I verify that all the above statements and attached documentations are true and accurate.

\_\_\_\_\_ I understand that if for any reason financial aid is denied, I am deemed ineligible; I am responsible for paying my tuition bill.

You will be notified of the final decision concerning your appeal via email. You must make other payment arrangements to cover your tuition, fees and other expenses if you wish to enroll prior to review of your appeal.

By electronically signing, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence or both.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_