



# Satisfactory Academic Progress Appeal

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID (LoLa) Number

**Semester of Appeal (Please check below):**

\_\_\_\_ Fall 2016—Last day to submit appeal is August 17, 2016

\_\_\_\_ Spring 2017—Last day to submit appeal is January 11, 2017

\_\_\_\_ Summer 2017—Last day to submit appeal is June 1, 2017

Federal regulations require financial aid recipients to meet Satisfactory Academic Progress (SAP) in accordance with the SAP policy set forth by Central Louisiana Technical Community College. SAP includes the cumulative grade point average, rate of completion, and maximum credit component. Please review the College SAP policy at [www.clccc.edu/financialaid](http://www.clccc.edu/financialaid).

A student who does not meet SAP requirements is no longer eligible to receive Federal financial aid. However, a student may appeal to have eligibility reinstated by completing an appeal form. Students are allowed to submit two appeal requests while attending CLTCC.

**Reason For Appeal (Please check below):**

\_\_\_\_ *Reinstatement of Federal Financial Aid due to extenuating circumstances:* **Circumstances that were beyond your control and created an undue hardship that caused an inability to meet satisfactory academic progress. Examples include, but are not limited to: death of a relative, divorce, injury, illness or significant trauma that impaired emotional or physical health. The following reasons do NOT qualify as extenuating circumstances: level of difficulty of a course, teaching method or the dislike of an instructor, length of time since student last attended.**

Please compose a letter to the appeals committee explaining why you failed to meet CLTCC's SAP requirements and what has changed in your circumstances that will allow you to meet SAP requirements in the future. Please attach supporting documentation from a third party. Examples include:

- Signed doctor's statement on office letterhead
- Death Certificate, obituary, or announcement
- Letter from a third party who knows your situation. This could be a member of the clergy, counselor, mentor, etc.

\_\_\_\_ *Reinstatement of Federal Financial Aid due to a degree reset:* **I am changing my degree program and would like to request a degree reset so that SAP requirements will only apply to the new degree program.**

**Current Degree Program:** \_\_\_\_\_ **New Degree Program:** \_\_\_\_\_

- Please submit an unofficial transcript along with a letter to the committee indicating why you are seeking a degree reset.



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I have read the CLTCC SAP policy (available at [www.clccc.edu](http://www.clccc.edu)) and understand all of the provisions contained therein. I recognize that I am ineligible for Federal Financial Aid because I do not meet the SAP requirements. I further acknowledge that my submission of this Financial Aid appeal does NOT guarantee that I will have my eligibility reinstated. I recognize that if my Financial Aid appeal is denied, I am responsible for payment of tuition and fees and I may not request another appeal to gain financial aid eligibility. I understand that a student may only submit an appeal request two times while attending CLTCC.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID (LoLa #)

I certify that my answers to this appeal, as well as documentation or supplemental information are true and correct. I recognize that the reasons by which the Financial Aid office may deny my appeal include, but are not limited to: Failure to provide the Financial Aid office with a complete appeal by the specified deadline; untruthful answers, documentation or supplemental information; inadequate explanation, documentation or supplemental information. I understand that the decision of the Appeals committee is FINAL. Should the appeal be approved, I understand that I must meet all of the conditions of approval at all times in order to remain eligible to receive Federal Financial aid at the college.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID (LoLa #)

For office use only

Date Committee Met \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Comments:



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