

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students may appeal the loss of eligibility for Financial Aid by submitting this completed Satisfactory Academic Progress (SAP) Appeal Form, a written statement, and a detailed Academic Plan approved by your academic advisor to the Financial Aid Office. If this appeal is approved, students will be expected to meet the enrollment goals and grades set for your appeal term. We encourage students and their advisors to be realistic when planning academic goals. Students must submit a completed appeal and any additional documents to the Financial Aid Office in a timely manner. Incomplete SAP Appeals will be returned to students for completion.

| TYPE OF SAP APPEAL: | FEDERAL SAP | SCHOLARSH | IIP SAP | вотн |
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| More information on the <u>Federal SAP F</u> | <u>Policies</u> and the <u>Scholarship SAP Polic</u> | ies can be found on the <u>Fina</u> | ncial Aid Page on Insi | de.ArtCenter. |
| STUDENT INFORMATION | | | | |
| Last Name, First Name | Student ID | Current Term | Major | |
| Term GPA Cumulative GPA | Terms Completed | Terms Remaining | Expected Grad | uation Term |
| ACADEMIC PLAN Students must meet with an Advisor (D financial aid will depend on meeting the | | | | |
| TERM | NAM | NAME OF CLASS | | |
| Example: Spring 2023 | М | ake up Class | | 3 |
| | | | | |
| Department/Academic Advisor (F I certify that the information on the apunderstand that I have failed to meet teligibility. The SAP appeal will be revie | opeal form and any supporting docu the requirements for Satisfactory Acad | demic Progress (SAP) and the | and complete to the at I have lost my feder | best of my knowledge. al aid and/or scholarship |
| does not guarantee reinstatement of lo | | | Date | |

PLEASE NOTE: You are not done yet! Students must complete both pages of this appeal!

| APPEAL CIRCUMSTANCES Please use the text box below to explain your situation and any relevant circumstances that led you to be in Unsatisfactory status for Fed Scholarship eligibility (e.g., serious injury, an extended illness, Death or life-threatening illness of a family member, were called to active military, or any other mitigating circumstances beyond your control.) | |
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| STUDENT PLAN OF ACTION Please use the text box below to explain what has changed in your situation that will allow you to be successful going forward. Include a have taken or will take to improve your academic standing (e.g., resolution of previous obstacles, time management, seek advisement, | |
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If you need additional space to provide more information relevant to your appeal, please attach a separate sheet.

Student ID