2015-2016 Satisfactory Academic Progress Appeal Form

STUDENT'S NAME (PLEASE PRINT) ___________________________ USCA ID or VIP ID

It has been determined that you are ineligible to receive financial aid due to the fact that you did not meet the requirements for Satisfactory Academic Progress. Because you are ineligible, you may continue to attend classes at your own expense, or you may appeal to the Office of Financial Aid if you have mitigating circumstances. Examples of these circumstances could include but are not limited to illness, accident, death in the family, prior degree, or military service. If you wish to appeal, please follow the instructions below.

1. LETTER OF EXPLANATION FOR REQUESTING AN APPEAL:
   You must provide a signed letter of explanation detailing the date the problem occurred, the nature of the problem, how your studies were affected, and how the problem was resolved.

2. REQUIRED SUPPORTING DOCUMENTATION:
   • If you have a GPA that is below 2.0 after attempting 60 credit hours, a letter of support is required from a professional (such as a professor, advisor, counselor, or minister) who knows of your situation.
   
   • If your GPA is below 2.0, you must also complete an Academic Success workshop online before you can submit an appeal. The link for the workshop is http://success.usca.edu.
   ***Please verify the date that you completed the online workshop: _____________________________

   • If you have exceeded your time limit, it is required that you provide an advisor’s (or department chair’s) statement on departmental letterhead including your current standing in your academic program, the month and year of your expected graduation date, and the number of credit hours needed to complete your program.

All appeals MUST include the following:
1. Appeal Form
2. Signed Letter of explanation
3. Required supporting documents

Please read and sign:

I understand that I am currently ineligible for federal financial aid based on my standing relative to the standards set forth in the USCA Financial Aid Satisfactory Academic Progress Policy. I have been notified in writing of this determination, and I have received and read a copy of the published policy. I have been advised to attach to this form a letter of appeal and proper documentation.

By my signature, I acknowledge my understanding of the above and indicate that the attached documentation constitutes my complete appeal of ineligibility for financial aid. Also, I certify, if required, that I have completed the online Academic Success workshop noted above.

Student’s Signature ___________________________ Date ___________________________
### Banner ID: _______________________

#### ***OFFICE OF FINANCIAL AID USE ONLY***

**Date Reviewed (First Level):** ____________________________  **SAP Coordinator Action:**

- **Date:** ____________
- **Initials:** ____________

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<th>Deny</th>
<th>ROANYUD:</th>
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**Reviewer Initials**

- ROANYUD: __________
- RHACOMM: __________
- ROASTAT: __________
- RPAAWRD: __________
- ROAUSDF: __________

**Academic Plan/Stipulation(s) and Effective Term:**

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**Date Reviewed (Second Level):** ______________________________  **Vote** ____________ (   -    )

**Committee Determination:**

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