



Satisfactory Academic Progress Appeal Form

Name: _____ DOB: _____ Student ID Number: _____
Phone: _____ Email Address: _____ Degree you are seeking: _____
Do you have a Bachelor's Degree: YES NO Employer: _____
Reason for appeal: Completion Rate (PACE)/GPA Max Hours (over 150% hours required for program)
Term: Fall Spring Summer Year: _____

APPEAL REQUIREMENTS

1. Submit a **typed letter explaining the extenuating circumstances** which caused you to fall below the minimum standards as stated in the SAP policy as well as **how these circumstances have changed and your plan to regain eligibility** in the coming semester.
2. Provide **documentation supporting the extenuating circumstances** detailed in your letter. Examples of documentation include: physicians/therapists/counselors statement, death certificate/obituary, court documents, and/or attorney statements.
Appeals without supporting documents may be denied.
3. Complete this appeal request form and submit with completed appeal packet **prior to the 11th class day (census day)**. Appeal request made after the 11th class day may not be accepted.

EXTENUATING CIRCUMSTANCES

(Check all that apply)

Serious injury/illness which required an extended recovery time

Death or serious illness of an immediate family member

Significant trauma which impaired physical/emotional well being

Other: _____

*Students applying for appeal due to max hours only may be eligible to appeal without supporting documentation.

STUDENT CERTIFICATION

- I certify that all statements/documentation supplied with this appeal form are true and correct to the best of my knowledge.
- I authorize NPC Financial Aid Office to share all personal documents attached to my appeal (including medical documentation and death certificates) with the appeals committee.
- I understand that I will be notified of the results of my appeal via email.
- I understand that in the event my appeal is denied I may regain eligibility by self-paying and successfully completing courses to improve CGPA and/or completion rate.
- **I understand that the appeals committee's decision is final.**

Student Signature: _____ Date: _____

STUDENT FINANCIAL AID DATA

To be completed by Financial Aid

Appeal reason: Max Hours PACE/CPGA

Number of previous appeals: _____

Remaining Pell eligibility: _____

Current loan amount: _____

Loans with NPC? Yes No

FINANCIAL AID COMMITTEE DECISION

Date reviewed: _____

Decision:

Appeal Approved

Appeal Denied-Lack of supporting documents/extenuating circumstances

Appeal Denied-Other _____

Committee Comments: