

Advisor Initial: \_\_\_\_\_ Reason for Appeal: \_\_\_\_\_

Fall

Spring

Summer

Year: \_\_\_\_\_



**Financial Aid Office**  
 101 College Drive  
 Hot Springs, AR 71913  
 Appeals

## Satisfactory Academic Progress Appeal Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

SSN: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Degree you are seeking: \_\_\_\_\_

Do you have a Bachelor's Degree: YES NO Employer: \_\_\_\_\_

Is your appeal due to being below completion rate/PACE? \_\_\_\_\_ Is your appeal due to over hours (max) hours? \_\_\_\_\_

### REQUIRED ATTACHMENTS

**1. Attach a typed letter explaining why you have dropped below Satisfactory Academic Progress eligibility.**

Answer the following questions that are applicable to your situation:

- a. Why is your grade point average below the minimum standard and/or your course completion rate lower than the standard? Include your reasons and dates for your circumstances.
- b. Why have you been unable to attain your degree goal in the allotted amount of hours prescribed in the NPC Satisfactory Academic Progress policy? *(if you are over max hours)*
- c. How has your situation changed and what will you do to improve your grade point average and/or increase your completion rate?

**2. If you have special circumstances (ex. death of immediate family member or serious illness) that prevented you from making Satisfactory Academic Progress, please attach documentation. *(if possible)***

**3. Attach unofficial NPC transcript**

**4. Attach a What-if Report if your appeal is due to max hours or pace (completion rate).**

- a. Follow the instructions to print your what-if report from your student OASIS account:  
*www.np.edu>OASIS>Self Service> Student Center>My Academics>Create a What-if Scenario>Select Create New Report>Select the degree plan you are seeking (In the Area of Study Section)>Select Submit Request>Select Expand All>Select View as a PDF Report>Print* *Note: If you need more detailed instructions, contact the NPC financial aid office.*

<i>For office use only:</i>	1st	2nd
Date of Meeting		
Time		
Approved/Denied		

Name: \_\_\_\_\_

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### Emergency Contacts

(Must provide 3)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby give authorization to 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 the Financial Aid Office will not accept any appeals that are incomplete or lack supporting documentation. The Appeals Committee's decision is final, and you will receive notification via mail.

***The appeal decision will be emailed to your email address provided on this form.***

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