

OFFICE OF FINANCIAL ASSISTANCE
SATISFACTORY ACADEMIC PROGRESS (SAP)
APPEAL FORM
SPRING 2010

Deadline: January 8, 2010

Name _____ ID# X_____/_____/_____

Address _____ City _____ ST _____ ZIP _____

Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Check the situation (s) that you will explain in your appeal:

- My GPA is less than 2.0
 I have attempted more than 90 credit hours
 I have completed less than 67% of my attempted courses
 I have attempted more than 90 hours, and I also have a GPA below 2.0 and/or have completed less than 67% of my courses.

Three (3) Required Attachments.

Please check the items you have attached. **Failure to include these items will result in an automatic denial of your appeal.**

_____ **Academic Advising Guide (An Educational Plan)** showing the courses you must take at Lake-Sumter Community College (LSCC) to attain your intended degree. Please note: Academic Advising Guide (An Educational Plan) must be the original form signed and dated by an Academic Advisor at Lake-Sumter Community College.

_____ **Explanation** of what happened by making sure to address all terms where you experienced academic problems or withdrawals. Include a description of the actions you took to make an effort to meet your responsibilities as a student during the time of your mitigating circumstances. Describe what changes have occurred that will enable you to meet the academic progress requirements in your next term or enrollment.

-For more than 90 hours attempted: Describe your goals at Lake-Sumter Community College and explain why you have not met graduation requirements yet. What actions have you taken to make sure you graduate in the near future?

_____ **Back-up Documentation** must be submitted for mitigating circumstances.

-Proof that the mitigating circumstances you describe actually occurred. (For example: Copies of medical bills, letters from doctor, police report, death certificate, or Nursing Program Acceptance Letter)

List the degree (**only one degree**) you are currently seeking at LSCC: _____

When do you expect to graduate from LSCC? Month _____ Year _____

Do you have a previous degree? Yes No If yes, what degree? _____

Certification: Please check all areas below to indicate you have read and understand.
Failure to check all areas will result in disapproval of your appeal.

- The information I have provided is true and correct to the best of my knowledge.
 I have attached **all three required items** of documentation needed for my appeal.
 I understand that the **Committee/Financial Aid Director's decision will be final and cannot be further appealed.**
 I further understand if I am approved, **I can only take courses relevant to the degree program for which I am approved.**
 I understand that I am responsible for payment of charges on my account regardless of the final appeal decision.

Signature of Applicant

_____/_____/_____
Date

For Office Use Only: (Documentation Attached) **Approved** **Denied** Date _____/_____/_____