

**North Country Community College
Federal Satisfactory Academic Progress (SAP) Appeal Form**

A student with documentable extenuating circumstances who has been denied financial aid based on their Satisfactory Academic Performance (SAP) status, has the right to appeal in writing by following the instructions on this form.

Financial Aid's complete SAP policy can be viewed in the College Catalog which is located on the www.nccc.edu website.

In order to appeal your denial of aid, you must complete this form and attach the required documentation. Appeals lacking appropriate documentation will be regarded as incomplete. Students must submit a letter of appeal within 10 business days to the Office of Financial Aid

Please read and complete this application carefully.

Last Name

First Name:

Telephone

NCCC ID

E-Mail Address

Mailing Address

Please indicate the semester in which you failed to meet SAP.

_____ Fall 21 _____

_____ Spring 22 _____

Attach/submit information below:

Please explain the factors contributing to your lack of academic progress. You must provide the Committee with a well written explanation regarding you not meeting the satisfactory academic progress (SAP) requirements

Please describe the steps that you have and will take to correct the problems that have prevented you from making satisfactory academic progress.

Please check reasons for appeal:

Circumstance	Required Documentation
<input type="checkbox"/> Death of Close Family Member (or spouse)	1. In your statement, explain the individual's relationship to you, their date of death, and how the death impacted your academic performance. 2. Provide a copy of a death certificate, obituary or letter from a professional confirming the date of death (lawyer, minister, doctor.)
<input type="checkbox"/> Illness or Injury	1. In your statement, explain the illness or injury, when it occurred and the duration, and how the illness or injury impacted your academic performance. 2. Provide a statement from your doctor citing the illness or injury and releasing you to return to school.
<input type="checkbox"/> Transportation Problems	1. In your statement, explain what your transportation problems were and how the problem impacted your academic performance. 2. Provide documentation of your transportation problems. 3. Provide documentation to show that you now have reliable transportation (example: insurance card, title, registration, etc).
<input type="checkbox"/> Work Schedule Change	1. In your statement, explain how your work schedule changed and how this change impacted your academic performance. 2. Provide a statement from your employer verifying the schedule change or date of hire (if new job). Your current employer's statement should also confirm that your work schedule will not interfere with classes in the future.
<input type="checkbox"/> Other Unforeseen Circumstances Beyond Your Control or Significant Trauma	1. In your statement, explain the situation. The statement must clearly show that the situation was unforeseen and beyond your control. 2. Provide supporting documentation that verifies the circumstances you describe in your statement.

Attach documents which confirm the extenuating circumstances that occurred during the semester listed above. All statements from other individuals (including your advisor) or organizations must be on professional letterhead or notarized. Additional documentation may be requested when your appeal is reviewed.

- I have read the North Country Community College Satisfactory Academic Progress Policy.
- I understand that the Appeal Committee will not review a SAP Appeal Form that is incomplete or lacks appropriate documentation.
- I understand that I will be notified via mail and/or college email of the Committee's decision. Please allow 10-14 days for review
- I understand that I'm responsible for all semester expenses while the SAP appeal is being reviewed.
- I understand that my appeal must be submitted within 10 business days of receiving my SAP letter.

Student's Ink Signature

Date

Appeal Committee Decision

Financial Aid Director Signature

_____ Waiver Denied

_____ Waiver Approved

Date _____