



### **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](http://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.***

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**Last Name**

**First Name:**

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**Telephone**

**NCCC ID**

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**E-Mail Address**

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**Mailing Address**

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

Fall

Spring

**Attach/submit information below:**

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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.

| Circumstance   | Required Documentation  |
|--|---|
| <input type="checkbox"/> <b>Death of Close Family Member (or spouse)</b>                                 | <ol style="list-style-type: none"><li data-bbox="558 204 1175 268">1. In your statement, explain the individual's relationship to you, their date of death, and how the death impacted your academic performance.</li><li data-bbox="558 302 1175 367">2. Provide a copy of a death certificate, obituary or letter from a professional confirming the date of death (lawyer, minister, doctor.)</li></ol>  |
| <input type="checkbox"/> <b>Illness or Injury</b>  | <ol style="list-style-type: none"><li data-bbox="558 388 1175 454">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.</li><li data-bbox="558 506 1175 551">2. Provide a statement from your doctor citing the illness or injury and releasing you to return to school.</li></ol>   |
| <input type="checkbox"/> <b>Transportation Problems</b>  | <ol style="list-style-type: none"><li data-bbox="558 566 1175 631">1. In your statement, explain what your transportation problems were and how the problem impacted your academic performance.</li><li data-bbox="558 663 1175 684">2. Provide documentation about your transportation problems.</li></ol>   |
|  | <ol style="list-style-type: none"><li data-bbox="558 709 1175 775">3. Provide documentation to show that you now have reliable transportation (example: insurance card, title, registration, etc.).</li></ol>   |
| <input type="checkbox"/> <b>Work Schedule Change</b>   | <ol style="list-style-type: none"><li data-bbox="558 798 1175 863">1. In your statement, explain how your work schedule changed and how this change impacted your academic performance.</li><li data-bbox="558 895 1175 960">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.</li></ol> |
| <input type="checkbox"/> <b>Other Unforeseen Circumstances Beyond Your Control or Significant Trauma</b> | <ol style="list-style-type: none"><li data-bbox="558 1030 1175 1094">1. In your statement, explain the situation. The statement must clearly show that the situation was unforeseen and beyond your control.</li><li data-bbox="558 1148 1175 1193">2. Provide supporting documentation that verifies the circumstances you describe in your statement.</li></ol>   |

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.

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Student's Ink Signature

Date

|  |                                  |
|--|----------------------------------|
| Appeal Committee Decision                | Financial Aid Director Signature |
| <input type="checkbox"/> Waiver Denied   | _____                            |
| <input type="checkbox"/> Waiver Approved | Date _____                       |