

Satisfactory Academic Progress Appeal Form

For Federal Financial Aid and Scholarship

2013-2014



Student Name Last	First	Middle	Student ID
Email		Phone Number	

Students may appeal to have their federal financial aid or scholarship eligibility reinstated for any of the following reasons:

1. Mitigating circumstances (which no longer exist) prevented the meeting of the satisfactory academic progress requirements.
2. An incomplete ("I") grade was changed to a passing grade.
3. The student enrolled at his/her own expense and completed NECESSARY course work to meet the satisfactory academic progress requirements.
4. Students who have reached maximum time frame. A student can appeal only one time for maximum time frame.

I am appealing my eligibility for the following semester: ☐ Fall/13 ☐ Spring/14 ☐ Summer/14

The following documents **must** be submitted with this appeal:

- a. Satisfactory Academic Progress Appeal Form
- b. Student copies of ALL transcripts (student copies are sufficient)
- c. Current class registration
- d. Academic plan (signed by your academic advisor). If you are appealing maximum time frame, the academic plan must include all hours and classes left to complete your degree.
- e. A letter from yourself describing the mitigating circumstances that prevented you from meeting the requirements of satisfactory academic progress for the two semesters leading to your suspension. The letter should also explain what has changed with regard to the circumstances that would support the claim that you will now be successful. For maximum time frame, the letter should address the reasons related to having a high number of credit hours and/or why a change in major.
- f. If due to a medical situation, documentation from outside sources supporting your circumstances (e.g. letter from physician. A time line outlining when the circumstances occurred within the semester(s) is recommended.
- g. Students appealing an athletic or activity scholarship must also include a letter from their coach or sponsor.

Appeals that do not include all of the required materials will not be considered. **The student is responsible for returning this form plus all the required documentation. Please note that items f. and g. above may not apply to all students appeal documentation.**

You are responsible for the payment of ALL institutional costs (tuition, textbooks, residence hall, etc.) associated with your next semester of enrollment prior to the decision of your appeal.

I attest that the information of this appeal form and the supporting documents are correct and accurate. My signature certifies that I have read and understand the terms of this form.

Student's Signature _____ Date _____

For Appeal Committee Use Only:

Approved: ☐ Yes ☐ No

Reviewed by: _____ Date _____

Comments: _____



LARAMIE COUNTY COMMUNITY COLLEGE
Satisfactory Academic Progress Plan
Consideration for Reinstatement

Student Name: _____ Student ID: _____

Major: _____ Degree or Certificate: _____

Student: Complete this form by identifying your course requirements (general education, major, electives, etc.), with the help of your academic advisor. Identify the semester in which you plan to take the course.

Academic Advisor: Please identify the semester(s) the student should take each course(s).
List only the classes required for the student's degree.

Anticipated Graduation Date: _____

SEMESTER: _____ Year: _____			
Dept	Course #	Course	Cr.

SEMESTER: _____ Year: _____			
Dept	Course #	Course	Cr.

SEMESTER: _____ Year: _____			
Dept	Course #	Course	Cr.

SEMESTER: _____ Year: _____			
Dept	Course #	Course	Cr.

I have met with the student and verified the classes listed are needed to graduate in the identified major.
I confirm that only the classes listed are required for the student to receive their degree.

Advisor Name (print): _____ Phone: _____

Advisor Signature: _____ Date: _____

I have met with my academic advisor and agree to register only for the classes listed above. I understand I must maintain a minimum cumulative grade point average (GPA) of 2.0 and complete the percentage of cumulative credits required in the Satisfactory Academic Progress (SAP) Policy.

Student Name (print): _____

Student Signature: _____ Date: _____