

FOR STUDENT INFORMATION ONLY**Steps to Complete the Satisfactory Academic Progress Appeal Form**

1. Complete the bottom section of this page with a **written/typed** statement in the spaces provided explaining why Satisfactory Academic Progress was not achieved. Both parts must be answered.
2. Collect documentation that supports your appeal statement and shows how the issues have been resolved. **Documentation must be accompanied with every appeal subsequent to their first appeal. Additional documentation may be requested.**
3. **Meet with an SAP Advisor to review the Academic Plan Agreement and obtain a signature from the advisor.** Failure to meet with an SAP Advisor to review the Academic Plan Agreement will result in the appeal not being reviewed and denied. Please note that submission of the Academic Plan Agreement **does not guarantee** that the appeal will be approved. Failure to follow any of these directions, or provide supporting documentation will result in your appeal to not be processed.

Deadlines

All SAP Appeals must be completed and submitted to the Financial Aid office by the following deadline to be considered for financial aid reinstatement for the active term.

Fall: November 15**Spring: April 15****Summer: July 15****SUBMIT TO SATISFACTORY ACADEMIC PROGRESS (SAP) ADVISOR****Satisfactory Academic Progress Appeal**

Full Student Name: _____

Middlesex College ID Number: _____

There must be an explanation for sections A and B in order for the appeal to be reviewed. You may use extra space if necessary on a separate sheet.

- A. Explain **WHY** you have not maintained Satisfactory Academic Progress. Indicate the specific date(s) or year(s) of each circumstance that was beyond your control and explain each circumstance that affected your ability to meet the requirements of the SAP policy. If you have reached Maximum Time Frame (MTF), please explain why.

- B. Explain how **EACH** situation has changed to allow you to demonstrate Satisfactory Academic Progress standards moving forward. If you have reached MTF, please indicate your graduating term. Please note that you may need to complete a New Program Agreement, if applicable.

Last Name, First Name: _____

Middlesex College ID Number: _____

All students **MUST** meet with an SAP advisor to review this Academic Plan Agreement before submitting the whole SAP packet. Submission of the Academic Plan Agreement without review with an SAP advisor will result in the SAP packet not being reviewed. Students whose appeals are approved through the Financial Aid SAP Appeal Committee must agree to and abide by the following Terms and Conditions.

TERMS AND CONDITIONS

- I understand that by submitting this academic plan before a decision is made **DOES NOT** guarantee a favorable decision. I understand that this academic plan will only be valid if my appeal is approved.
- I understand that failure to comply with all agreed elements of the Academic Plan Agreement will result in the loss of all my Financial Aid awards.
- For future semesters, I understand that I will need to pay for all semesters out of my own financial resources should I not comply with this academic plan.
- If I do not meet the SAP standards outlined below, I understand my Academic Plan will expire upon graduation.

SATISFACTORY ACADEMIC PROGRESS STANDARDS

Grade Point Average (GPA)

- While on an academic plan, students must maintain a minimum of a 2.0 GPA for **EACH** semester. Students must maintain a 2.0 cumulative GPA to meet SAP standards.

CGPA: _____

Completion Pace

- While on an academic plan, students cannot withdraw from or fail any courses. An F or W will result in an automatic failed academic plan and in an immediate loss of all Financial Aid awards. Students must maintain a 66.5% completion pace of all courses registered.

Pace: _____

Credits Remaining: _____

Maximum Credits (Maximum Time Frame)

- Students may not exceed 150% of credits of any given degree. For an Associate's Degree, this is generally a maximum of 90 credits.

Anticipated Graduation Date: _____

COMPLIANCE AGREEMENT

I, _____, understand that failure to maintain a 2.0 GPA each semester or failing/withdrawing from a course while in an approved Academic Plan will result in a loss of all my financial aid awards. Unresolved incomplete (I) grades will result in a loss of all my financial aid awards. I further understand and agree to only take courses in my major listed above and to repeat failed courses, if applicable, listed above that fall within my current major.

By signing below, you agree to all the terms outlined above.

Student Signature: _____ Date Signed: _____

SAP Advisor Signature: _____ Date Signed: _____

Example of reasons that *may* be considered suitable justification for appeals.

Name and Date must be on original documentations.

- Illness or Injury which prevented attendance in class OR Illness of Family Member which prevented attendance in class**
 - Medical records
 - Doctor's note
 - Hospital bill
 - Therapist/counselor letter
- Death of Family Member**
 - Obituary
 - Death certificate
 - Prayer card
 - Therapist/counselor letter
- Childcare**
 - Letter from childcare center (letterhead, preferred)
- Required Court Dates**
 - Court documents
 - Police records
 - Letter from lawyer (on letterhead)
 - Therapist/counselor letter
- Homelessness**
 - Letter from shelter or church
 - Police report (if police was involved)
 - Letter from counselor (including school counselor)
- Transportation Issues**
 - Receipts from mechanic if car was getting fixed
 - Registration for new car
 - Accident report
 - License (if previously did not have)
- Unavoidable Work Conflict**
 - Pay stubs
 - Bank Statements
 - Letter from a manager/supervisor (on letterhead)
 - Work schedule
- Other Unavoidable Events and Third-party documentation of event on organization letterhead (no family members.)**
 - Licensed counselor (including school counselor)
 - Pastor
 - Program Advisor
 - Social Worker
 - Teacher/Professor



Scan QR Code for our SAP Policy or by visiting: bit.ly/KeepYourFinancialAidEligibility