



NORTHSHORE
TECHNICAL COMMUNITY COLLEGE

SATISFACTORY ACADEMIC PROGRESS APPEAL

Last Name	First	Middle	LoLA ID (Banner ID)
Louisiana			
Street	City	State	Zip Code
Appeal is for (<i>check only one</i>): <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer Year: _____			
Phone Number (w/area code) _____			

The information provided on this form, in my written statement and all accompanying documentation is accurate and complete to the best of my knowledge. I agree to provide additional documentation if asked by the Financial Aid Office. I understand that withholding or falsifying any requested information may result in rejection of my application and/or expulsion from Northshore Technical Community College. I understand that if my appeal is denied, I am responsible for the full cost of any tuition, fees, books, or other debts owed to the College. I also understand that if my appeal application is submitted without supporting documentation, it will not be accepted by the Financial Aid Office and will be returned to me.

Student Signature _____ Date _____

Students receiving federal financial aid are required to maintain Satisfactory Academic Progress (SAP) according to federal regulations. The Satisfactory Academic Progress Policy includes three academic standards that a student receiving federal financial aid must meet. The policy requires:

1. Maintaining the required 2.000 cumulative grade point average (CGPA).
2. Successful completion of at least 67% of total credit hours attempted.
3. Completion of the degree or certificate within 150 % of the credit hours required for the program.

If your eligibility for federal financial aid has been terminated because you were not meeting one of the requirements of the Satisfactory Academic Progress Policy, you have the right to appeal that termination. The Financial Aid Office will consider appeals based on extenuating circumstances that prevented you from successfully meeting the SAP requirements.

TO APPEAL THE TERMINATION OF YOUR FEDERAL FINANCIAL AID ELIGIBILITY:

- ✓ Complete the Satisfactory Academic Progress Appeal form.
- ✓ Provide written explanation of the extenuating circumstance(s) that occurred during your prior semester of attendance that prevented you from successfully completing all of your classes.
- ✓ Provide supporting documentation. The appeal committee will only review the materials that you provide; therefore, it is your responsibility to thoroughly document your appeal.
- ✓ An appeal will only be considered for the current semester or a future semester in the academic year.
- ✓ You will receive written notification of the decision made on your appeal by the campus Financial Aid Appeals committee. If you do not agree with the decision, you can request to meet with the Appeals committee.

The campus Financial Aid Appeals committee will review all cases. The Financial Aid Officer will provide written notification to all students of the Financial Aid Appeals committee's decision within ten (10) working days from the date the appeal is reviewed by the committee.

REASON FOR THE APPEAL

In addition to completing this form, you must also attach a written statement explaining the extenuating circumstances that occurred which prevented you from successfully completing all your classes during your prior semester of attendance. The appeals committee will review your written statement and supporting documentation to make a decision on your appeal; therefore, it is your responsibility to thoroughly explain and document your appeal.

1. Explain in detail the nature of your academic difficulty that caused you to lose Federal financial aid eligibility. Indicate reasons and attach additional sheets, if necessary. Include appropriate documentation.

2. State why you believe it is possible for you to improve your past academic performance, and indicate what corrective actions you have taken to improve.

TO BE COMPLETED BY FINANCIAL AID OFFICE:

GPA _____ Attempted Credits _____ Completed Credits _____ Credits Required for Graduation _____

Program _____

Signature of staff accepting the application _____ Date: _____

FOR FINANCIAL AID APPEALS COMMITTEE:

Approved Denied

Reason for Decision: _____

Special Instructions/Comments: _____

Committee Member's Signature (s) _____ Date: _____

_____ Date: _____

_____ Date: _____