Satisfactory Academic Progress Appeal for federal financial aid

Federal financial aid is intended to assist students in making successful progress toward completing an eligible degree or certificate. Therefore, the STUDENT bears the responsibility of demonstrating progress toward that goal. Determination of Satisfactory Academic Progress (SAP) is based on cumulative attempted hours and takes into account the student’s full EWC academic record regardless of whether the student received financial aid funds. The Financial Aid Office is required to look at all previous periods of enrollment, including concurrent enrollment/dual credit classes taken while in high school, transfer credits, and periods of Academic Amnesty, no matter how long ago the student was enrolled. Satisfactory progress is evaluated at the end of every semester.

In compliance with federal financial aid regulations and EWC policies, a student is ineligible to receive federal financial aid, including student loans, if he/she fails to meet any of the following conditions:

- **Loss of Eligibility:** Failed to successfully complete at least 67% of overall credit hours attempted and/or failed to achieve a minimum 2.0 cumulative Grade Point Average (GPA) for one or more semesters following a Warning semester.
- **Maximum Time Frame:** Attempted 24 or more credits for a skin tech, child development or entrepreneurship certificate programs, 35 or more credits for other certificate programs, or 80 or more credits for a degree program without having successfully completed the degree. Students who have already earned a degree or certificate are also considered to be at Maximum Time Frame, even if credit maximums have not been met.

A student who experienced extenuating circumstances (usually considered beyond the student’s control) that created the suspension or excessive attempted credits may petition for reinstatement of eligibility by completing the appeal procedure outlined below. **There is a limit of appeals allowed; appeals are accepted at the discretion of the Appeal Committee and only if the criteria established in the appeal agreement and program evaluation are met.**

Appeals should be submitted as soon as possible following notification of loss of eligibility, but **NO LATER THAN MID-TERM OF THE SEMESTER FOR WHICH THE STUDENT IS REQUESTING AID.**

**SATISFACTORY ACADEMIC PROGRESS APPEAL PROCEDURES**

- Complete ALL required information on the appeal form. Incomplete petitions will not be considered.
- Complete **Student Section** of appeal in detail (a typed sheet may be attached as long as all points are addressed).
- Attach documentation to support your circumstances (e.g., a letter from a physician to document medical issues). This documentation must be retained in your financial aid file, so please do not submit originals.
- The student must meet with an academic advisor to complete the **Advisor Section** of the appeal and to go over a program evaluation to ensure the student is enrolled only in credits needed to graduate in a timely manner. Complete the **Student Section** of the appeal BEFORE making an appointment with an advisor. Program evaluations may be obtained from the Records Office or via your LancerNet Academic Profile. Student and academic advisor must sign the appeal form.
- Complete all steps of appeal and submit with required documentation to the Financial Aid Office. The Appeal Committee will review the appeal along with academic and financial aid records to make a decision. **Allow at least 30 days for review.**
- A student is not required to make payments toward an outstanding balance while an appeal is under review, but will not be allowed to charge books during a book charging period unless/until the appeal is approved. If the petition is NOT approved, the student is responsible for paying all charges incurred.
- Student is notified via mail when a decision is reached on the appeal. Please make sure Student Services has a current and correct address and phone number on file. If the appeal is approved, the student will be required to sign an agreement indicating he/she understands and will comply with the conditions of the approval.
- A student whose appeal is approved is placed on financial aid Probation. The student is expected to regain Satisfactory Academic Progress at the end of the probationary semester by regaining a 2.0 cumulative GPA and/or regaining at least 67% overall completion. A student who is unable to obtain SAP in one semester will be allowed to re-appeal as long as he/she is earning at least a C in all classes and is not withdrawing from any classes during the probationary semester.
- A student whose appeal is denied and who disagrees with the decision of the Appeal Committee has the right to re-appeal to the Financial Aid Director.
STUDENT INFORMATION • SAP APPEAL

Last Name ________________________________________ First Name ______________________________ M.I. _______ EWC Student ID Number ______________________________

Address (include apartment number) _____________________________________________________________

City, ST, Zip ___________________________________________________________ Social Security Number (last four digits) ______________________________

Phone Number (include area code) ______________________________________________________________

STUDENT SECTION (Complete BEFORE meeting with Advisor)

Major/Program of Study: __________________________________________ Expected graduation date: ____________________________

Semester for which you are requesting reinstatement:    ☐ Fall 2015    ☐ Spring 2016    ☐ Summer 2016

Have you previously filed an appeal for federal financial aid?    ☐ Yes    ☐ No

If planning to transfer to a four-year institution, please indicate school: _______________________________________________________

If you have attended other colleges, please list here: _________________________________________________________________

* Please provide a detailed statement explaining why you believe the Appeal Committee should grant your request for continuation of your aid. Make sure to address EACH semester that you did not meet minimum SAP standards. Although your reasons may be personal, the Committee requires explanation in order to make an informed decision based on the merit of your claims for appeal. Your appeal application will remain confidential. Please be specific, provide clear detail about your educational goals and attach supporting documentation. You may attach additional sheets if needed.

What extenuating factors or circumstances have affected your academic performance? Include explanations for receiving deficient grades and /or reason for a cumulative GPA below 2.0. Also explain any circumstances that may have contributed to your withdrawing from or not completing your classes.

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Explain what changes have taken place and outline what positive measures you have taken that will allow you to resolve the deficiencies and ensure future academic success. If you are meeting with an academic advisor, tutor, counselor or attending study skills sessions on a regular basis, please indicate below.

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Attach supporting documentation of your unusual or extenuating circumstances. Documentation should be from someone who has direct awareness of your situation. All extenuating circumstances and documentation must be dated to reflect the time periods for which you were not meeting SAP standards. Documentation may be very personal, but the Committee must have some official record reflecting supporting dates and facts beyond the student’s personal statement in order to make an informed decision on the merits of the appeal. Your appeal and documentation will remain confidential.

The following types of documentation can be helpful if applicable:
- **Illness:** Detailed letter on letterhead from physician explaining dates and type of illness, recommended treatment, dates of non-attendance, etc; admit papers confirming dates of absence;
- **Death of family member:** Death certificate, obituary notice, funeral program;
- **Legal difficulty:** Divorce decree, separation agreement, dated police reports detailing incident;
- **Job conflict:** Letter from supervisor on letterhead stating scheduling or other problems;
- **Disability:** Letter from counselor addressing problems during term(s) in question and resolution for future terms;
- **Academic concerns:** Statement below from academic advisor, counselor or instructor.

The student must meet with an academic advisor to complete the Advisor Section of the appeal and to go over a program evaluation to ensure the student is on track for graduating in a timely manner and that only credits needed for degree completion are taken. Complete the Student Section of the appeal BEFORE making an appointment with an advisor. Program evaluations may be obtained from the Records Office or via your LancerNet Academic Profile. Student and academic advisor must sign the appeal form.

*Advisor:* Please provide any additional information you may have for why this student’s appeal should or should not be approved. Can the student successfully achieve his/her educational goals? Has the student overcome any obstacles he/she may have previously faced? Is the student taking the appropriate type/number of classes for his/her ability and taking advantage of tutoring and other resources available? Please note if you do not feel you can support this student’s appeal for any reason (and provide an explanation). The Appeal Committee needs an honest evaluation of this student’s capabilities and needs to know what advising resources have been discussed (tutoring, career counseling, online advising, etc.) to help him/her be successful in the future. *If you are not comfortable giving the student back this form with your evaluation, you may submit it directly to the Financial Aid Office or e-mail your statement directly to the Financial Aid Director.*

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Advisor’s signature: ___________________________ Date: ___________________________

Printed name: ________________________________

★★ Advisor: Signature of appeal indicates that the advisor has discussed resources available for the student’s success, has reviewed the program evaluation with the student, and has approved classes listed as required for graduation. ★★

By signing this worksheet, I certify that all of the information reported is complete and correct. I understand that I must complete all classes with a grade of C or higher and not withdraw from any classes past the free drop/add period in order to regain SAP. I also understand that if my appeal is denied I am responsible for any outstanding charges and will have to continue my education at my own expense until I regain Satisfactory Academic Progress standards.

Student signature: ___________________________ Date: ___________________________