

# Satisfactory Academic Progress (SAP)

## Appeal Instruction

Every student who has failed to achieve SAP standards has the ability to appeal the denial of financial aid.

To appeal

- ✓ You must submit this form and attach supporting documentation to the Advisement Center
- ✓ This form can only be accepted if it is legible typed preferred, includes required documentation, and is signed.
- ✓ You may only submit one appeal per academic year.
- ✓ You may only re-appeal if you have an alternate reason for failing SAP standards.
- ✓ The SAP committee typically renders a decision within two weeks of when the SAP appeal is received.
- ✓ The decision will be sent to the student via email.
- ✓ **If approved**, an academic plan may follow and must be reviewed and submitted back to the Advisement Center with a signature of approval from the student.

## If assigned an Academic Plan

**If the SAP committee approves your SAP appeal the student will be emailed an Academic Plan.**

- ✓ The Academic Plan is designed to lead the student back to SAP standards.
- ✓ The student must commit to the academic plan by signing off on the requirements listed in the plan.
- ✓ At the end of each semester, the SAP committee will determine whether or not the student successfully completed the academic plan.

**If you FAIL to meet the requirements of the Academic Plan by the end of each semester**

- ✓ You will not receive Federal Student Aid funding for the upcoming academic year.
- ✓ We highly suggest students meet with their academic Advisor to review the newly designed academic plan if applicable.
- ✓ While the student is working towards satisfactory academic progress, he or she is on SAP probation which discourages a student from withdrawing or receiving any failing grades.
- ✓ If the Academic Plan is not returned at an appropriate time with a signature of agreement then federal aid will not be reinstated.

**PLEASE NOTE:** The submission of this appeal does not guarantee the student will receive Federal funds. **Please satisfy all tuition charges with the office of the Bursar as submitting a SAP appeal does not secure your classes from cancellation.** For further information or additional questions regarding the appeal application please refer to our website contact the Office of Financial Aid at 718-270-6141, 6132 or email [ejacques@mec.cuny.edu](mailto:ejacques@mec.cuny.edu)

### Aid that maybe affected by SAP

- ✓ Federal PELL Grant
- ✓ SEOG
- ✓ Work-Study
- ✓ Federal Loans- Direct & Perkins Loan

**OFFICE USE ONLY- Please check one**

- GPA**– Undergraduates must maintain a minimum cumulative GPA requirement based on units attempted.
- Pace**–Failed to complete the appropriate amount of credits attempted
- Maximum Attempted**– May not attempt more than 150% of the credits normally required for completion of the degree.
  - AS degree no more than 90 attempted credits with the exception of Nursing and other certificate programs
  - BS/BA degree no more than 180 attempted credits with the exception of major changes

**Satisfactory Academic Progress Appeal Form**

Students who are denied financial aid at due to unsatisfactory academic progress may appeal to have their financial aid reinstated. An appeal can only be submitted if a student’s failure to make satisfactory academic progress is based upon events beyond the student’s control. The student may submit this completed Satisfactory Academic Progress Appeal Form, along with all related supporting documentation. Appeals submitted without supporting documentation will not be reviewed. **Please note, the sole submission of this document does not guarantee approval of any federal financial aid.**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
EMPLID

\_\_\_\_\_  
last 4 of SSN

\_\_\_\_\_  
Best Phone Number

\_\_\_\_\_  
Best email Address

Previous Appeal

- YES \_\_\_\_\_ (when)
- NO

If YES, Was Appeal Granted?

- Yes
- No

Are you a

- SEEK Student
- ASAP
- Freshman Year (0-30 credits)

**Step One:**

Please indicate the extenuating circumstances that contributed to your inability to maintain Satisfactory Academic Progress by checking the category below that applies to you. Please follow the instructions for each category.

Death of an immediate family member (spouse, child, sibling, or parent).

Attach a copy of the death certificate or obituary and include the name of the deceased and relationship to you in Step Two of this form.

Serious injury or illness to student or immediate family member (spouse, child, sibling, or parent) that required extended recovery time. Attach a statement from the physician and explain the nature and dates of the injury or illness in Step Two of this form.

Significant trauma in student’s life that damaged the student’s emotional and/or physical health. Provide a detailed explanation in Step Two of this form regarding the specific circumstances. Please be sure to include dates and what you have done to overcome this situation. Supporting documentation from a third party (physician, social worker, psychiatrist, law enforcement official, etc.) must be attached.

Other unexpected documented circumstances beyond the control of the student.

Provide a detailed explanation in Step Two of this form explaining the nature and dates of the unexpected circumstances. Supporting documentation must also be provided.

Suspension due to exceeding the maximum allowable time frame for completing a program of study. Provide a detailed explanation in Step Two as to why you have attempted a reasonably excessive amount of attempted credits and have not graduated. Supporting documentation must also be provided.

**Step Two:**

Provide a detailed explanation of the circumstances in Step One that led to the Satisfactory Academic Progress violation. **Please attached a typed statement.**

---

**Step Three:**

Please describe the steps you have taken to correct the problems that have prevented you from making Satisfactory Academic Progress. Please provide a typed statement below. **Please attach a typed statement.**

---

**Step Four:**

Certification and Signature. I am requesting to have my eligibility for financial aid to be reinstated. I understand that my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided on this form is both truthful and accurate.

---

Signature

Date

---

Street address

City/State

**OFFICE USE ONLY:**

- Appeal Denied
- Appeal Approved-Probation
- Appeal Approved with Academic Plan

---

Committee Signature & Date

Committee Signature & Date

Academic Advisor Signature/ Notes:

---

---

---