



Satisfactory Academic Progress (SAP) Student Appeal Form

Student's Name _____

Date _____

Address _____

Student ID # _____

City/State/Zip _____

Phone (____) _____

Appeal For Term: ☐ Fall ☐ Spring ☐ Summer Year: 20 ____

Section 1 – Student Circumstances – To Be Completed by the student

Current SAP Standing (Check all that apply):

- ☐ I have not completed at least 70% of my attempted hours.
☐ My cumulative GPA is below 2.0

Reason For Appeal:

- ☐ Academic
☐ Child Care
☐ Personal
☐ Work Related
☐ Medical
☐ Other Extenuating Circumstances

Attach to this Form:

- ☐ A typed statement explaining:
- The circumstance(s) that prevented you from meeting the SAP requirements.
 - Describe the changes you are implementing to ensure future success in achieving Satisfactory Academic Progress.
- ☐ Supporting documentation that verifies your statements.
☐ SAP Academic Recovery Plan signed by you and your Academic Advisor

Examples of extenuating circumstances and relevant documentation include, but are not limited to:

Extenuating Circumstance		Required Documentation
Academic	Changes to academic and degree plans, Difficulty due to diagnosed disability	<ul style="list-style-type: none"> • Letter from professor or advisor • Letter from disability support services
Child Care	Child's Medical Issues Daycare Issues	<ul style="list-style-type: none"> • Medical documentation • Documentation from daycare
Medical	Serious illness of you or a family member, including mental	<ul style="list-style-type: none"> • Letter or documentation from doctor, hospital, therapist, etc
Personal	Assault Death of a family member Family Issues Housing Issues	<ul style="list-style-type: none"> • Court documents • Letter from clergy, social worker, doctor, etc • Obituary • Eviction notice

Date: _____

Student ID: _____

Section 2 – SAP Academic Recovery Plan – To Be Completed by the Academic Advisor

Please read and sign below to verify that you met with the student and discussed the following,

- ☐ I have discussed steps the student can take to ensure they will be academically successful and meet Satisfactory Academic Progress standards in the future.
- ☐ We have discussed support services the student may be able to utilize to improve academically.
- ☐ I have advised the student regarding the successful completion of degree requirements.

Plan requirement:

- ☐ Student can meet SAP within one semester
- ☐ Student must have an academic plan for: ☐ Fall ☐ Spring ☐ Summer

Recommended Course Schedule:**Educational Recovery Plan**<http://gpacalculator.net/college-gpa-calculator/>

Semester :	<input type="checkbox"/> Fall 202__ <input type="checkbox"/> Spring 202__ <input type="checkbox"/> Summer 202__			
Course #	Course Name	Credit Hours	Repeat?	Expected Grade
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Semester :	<input type="checkbox"/> Fall 202__ <input type="checkbox"/> Spring 202__ <input type="checkbox"/> Summer 202__			
Course #	Course Name	Credit Hours	Repeat?	Expected Grade
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

The student is required to complete a midpoint check with an advisor on or before ____/____/____

Student Name: _____

Student Signature _____

Advisor Name: _____

Advisor Signature _____

Date: _____

Student ID: _____

Section 3 – SAP Appeal – Student Certification

Please read and sign below to verify that you understand and agree to the following:

- ☐ I understand submission of this appeal is only a request and does not guarantee financial aid eligibility reinstatement.
- ☐ I understand that if my appeal is approved, I must follow the SAP Academic Plan probation conditions that are established and provided to me by the Financial Aid.
- ☐ I understand that if I fail to meet my probation conditions or fail to meet any other SAP standard, I can become ineligible for institutional, federal, and state financial aid as well as federal loans.
- ☐ I understand that I cannot re-appeal for the same extenuating circumstances if I fail my probation conditions.
- ☐ I certify the information I have provided is complete, accurate, and true to the best of my knowledge and that all copies of supporting documentation are unaltered.
- ☐ I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to mylscpa email account.
- ☐ I have read and understand the SAP Policy, which can be found at:
<https://www.lamarpa.edu/paying-for-college/financial-aid/other-important-resources/sap.html>

Student Name: _____

Student Signature: _____

Office Use Only

Approved _____

Denied _____

Date _____

Date: _____

Student ID: _____

Section 4 – SAP Appeal – Academic Recovery Plan Mid-Point Check

Instructions:

The student is to meet with the Academic Advisor before the final drop day for the semester. Completed checkpoint form is to be returned to the Financial Aid Office.

Course Progress Overview

Semester: __Fall__ __Spring__ __Summer__ 20____

Course (Prefix & Number)	Outstanding Progress	Satisfactory Progress	Showing Some Progress	Showing Little Progress
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Student Name: _____

Signature: _____

Advisor Name: _____

Signature: _____