Financial Aid Academic Progress Appeal Form

Student Information

Student's Name _____ Date _____

Address _____ ID # _____

City/State/Zip_____ Phone (_____) _____

Last semester attended at LSCPA_____ Appeal for what term: _____

Satisfactory Academic Progress (SAP)

Students must complete this form within 30 days of being notified of their suspension. This form must be submitted by the census date of the current semester. **The Financial Aid Office follows federal regulations in evaluating your academic progress. The Satisfactory Academic Progress (SAP) standards can be found at:** Satisfactory Academic Progress Policy (lamarpa.edu)

Although you are currently on Financial Aid Suspension, it is possible to have your eligibility for Title IV Federal Student Assistance reviewed. The Financial Aid Appeals Team will review requests for reinstatement. **Completion of the Financial Aid Academic Appeal Progress Form does not assure reinstatement of Title IV financial assistance, nor does it relieve individuals of future appeals.**

1. Please provide supporting documentation that supports your extenuating circumstances (1a), if applicable**
   ****If supporting documentation is not applicable, please schedule an appointment to speak with an Academic Advisor.**

2. The extenuating circumstance that prevented me from making satisfactory academic progress is (check one):
   - ☐ Serious medical condition or injury requiring extended recovery
   - ☐ Personal problems (e.g., family issues, housing, employment changes)
   - ☐ Death or serious illness of an immediate family member or yourself (parent, child, sibling) (recent or long term)
   - ☐ Juggling too much (work, school, family)
   - ☐ Military Service
   - ☐ Other _____

3. Please attach a typed statement (250-500 words) that addresses the following:
   a. An explanation of your extenuating circumstances
   b. An explanation of how you have resolved the issues which prevented you from meeting Satisfactory Academic Progress.
   c. Your plan for Academic improvement going forward.

4. Select a Module under "College and Money" via Financial Avenue at https://inceptia.instructure.com/enroll/HGY93T. You only need to take and pass ONE quiz. (If this is your 2nd or 3rd appeal, complete a different module of your choosing.)

APPEALS WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION (INCLUDING SUPPORTING DOCUMENTS) ARE TURNED IN!

Improvement Plan (Initial Each Statement Below & Provide a Physical Copy to the Financial Aid Office)

_____I understand that my financial aid has been removed and I am responsible for any charges that I may incur if this appeal is denied.

_____I understand I must earn a grade of "C" or better in all courses. Grades of "W," "I," "Q," "F," "DD," and "DF" are considered punitive and will void the appeal if granted.

_____I understand that if I withdraw, receive an "F", "Q", "I", "DD" or "DF" from any course I register for, this will nullify the terms of an approved appeal, and I go back on financial aid suspension.

Signature

I hereby certify that all information contained in this appeal, including my personal statement and any documentation provided, is true, accurate, and complete.

WARNING: Providing false or misleading information may result in fines, imprisonment, or both.

Student's Signature _____ Date _____

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu

Office Use Only
Approved_____
Denied _____
Date _____