



Office of Financial Aid
29300 Lankford Highway
Melfa, VA 23410

**Satisfactory Academic Progress Appeal
(Appeal for Reinstatement of Financial Aid)**

Student Name: _____ Student ID: _____ Telephone Number: _____

Students who wish to appeal the loss of their financial aid eligibility should complete this form and attach supporting documentation. Appeals submitted without supporting documents will **NOT** be considered. Once this appeal form has been completed, please submit it to the above address with your supporting documentation.

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of a family member, or other unusual circumstances.*

***Note: Job conflicts, transportation problems, or child care conflicts DO NOT constitute unusual mitigating circumstances and will not be considered.**

Please indicate the reason(s) for this appeal by checking one of the below:

- Personal illness or illness of an immediate family member. (Attach documentation from a physician attesting to the medical condition and/or copies of hospital records.)
- The death of an immediate family member. (Attach a copy of the obituary or death certificate.) Provide the relationship of the relative: _____
- Other circumstances. Attach copies of supporting documents i.e. court records, police reports, or letter(s) from a counselor, teacher, or an unbiased third party. (Letters from family and friends are generally not acceptable forms of documentation.)

I am requesting that my financial aid eligibility be reinstated for the following term:

Please check one and include the year: Fall _____ Spring _____ Summer _____

Write a detailed statement explaining the reasons that you failed to make Satisfactory Academic Progress. (Attach additional paper, if needed.)

Write a detailed statement stating what changes in your circumstances would now allow you to meet the Satisfactory Academic Progress requirements in subsequent semesters if your appeal is approved. (Attach additional paper, if needed.)

Certification – Signature and Date (read and initial each item):

- I understand that submission of this appeal does not guarantee that my financial aid will be reinstated.
- I understand that this appeal may take 15 business days or longer to review.
- I understand that if my appeal is approved, I may have enrollment stipulations outlined in an Academic Plan that must be followed in order for me to remain eligible for federal student aid.
- I understand that decisions on appeals are processed on a case-by-case basis.
- I have read the ESCC SAP policy and understand why I am not making satisfactory academic progress.
- I understand that appeals turned in without required supporting documents will be denied.

Signature: _____

Date: _____

Please Note: The student is responsible for all semester tuition and fee expenses while the SAP appeal is being reviewed. Once a decision is made, you will be notified at the street address and/or the college e-mail address listed on your MyESCC account.

Office Use Only:

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|---|--|
| <p>_____ We approve this student to be placed on Satisfactory Academic Progress (SAP) _____ probation or an ___ Academic Plan for the semester(s) referenced:</p> <p>Probation Term: Fall _____ Spring _____ Summer _____</p> <p>Academic Plan: Fall _____ Spring _____ Summer _____</p> <p style="padding-left: 100px;">Max. credits per term _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____ We do not approve this student to be placed on Satisfactory Academic Progress (SAP) probation or an academic plan.</p> <p>Comment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p>Signature: _____ Date: _____</p> <p>Signature: _____ Date: _____</p> |
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Writing an appropriate SAP Appeal Letter

Your satisfactory academic progress (SAP) appeal explanation must include the following:

Explain what happened

Why were you unable to maintain satisfactory progress?

Take a hard look at your situation to determine what has kept you from making satisfactory academic progress. Explain the circumstances for all semesters where there was poor performance.

Explain what has changed

Have the circumstance been resolved or what corrective measures have you taken to achieve satisfactory academic progress?

Develop a success plan

What strategies will you use to maintain academic success?

Attach any relevant supporting documentation.

This may include a doctor's statement, copy of hospital/urgent care/physician's bill, obituary, funeral notice or death certificate.

| Circumstance | | Documentation |
|--------------------------|---|---|
| Work Related | Required overtime, required change in work schedule | <ul style="list-style-type: none"> • Letter from employer including effective date(s) and whether the change in hours was mandatory • Timesheets from employer for applicable period(s) |
| | Layoff/job loss | <ul style="list-style-type: none"> • Letter from employer • Separation/severance letter |
| Medical Condition | Serious illness or change in health status | <ul style="list-style-type: none"> • Letter stating doctor-advised period of home rest • Record of doctor visits |
| | Surgery/Hospitalization | <ul style="list-style-type: none"> • Surgery/hospitalization records • Copies of medical bills documenting illness/injury • Letter stating doctor-advised period of recovery • Record of doctor visits |
| | Mental health issue | <ul style="list-style-type: none"> • Letter from doctor, therapist, or counselor |
| | Dental emergency | <ul style="list-style-type: none"> • Record of dental visits • Letter from dentist • Letter stating dentist-advised period of recovery |
| Student's Child | Child's medical condition | <ul style="list-style-type: none"> • Records from daycare/school that the sick child was required to be kept home for extended period(s), including the dates. • Record of doctor visits • Letter stating doctor-advised period of recovery • Hospitalization records |
| Additional Circumstances | Death of an immediate relative or loved one | <ul style="list-style-type: none"> • Obituary or funeral program • Letter from counselor • Documentation should include date and indicate the student's relationship to the deceased |
| | Eviction | <ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program |
| | Assault/domestic violence | <ul style="list-style-type: none"> • Police report • Court documentation • Letter from clergy, social worker, counselor, or doctor |