

TRI-COUNTY *Community College*

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

In order to be considered for appeal in a given semester, a student's SAP Appeal Form must be accompanied by supporting documentation and received by the published first day of classes for the semester indicated below. Once the SAP Appeal Form and all documentation have been received, the Financial Aid Office will review the appeal.

Name: _____

Student ID #: _____

Program of Study: _____

Fall Spring Summer _____

(year)

Phone Number: _____

Questions regarding your financial aid eligibility should be referred to the Financial Aid Office.

Please state the mitigating circumstances as to why you did not meet SAP or complete your program (please attach supporting and appropriate documentation).

Please explain why you feel your financial aid should be reinstated. For example, what has changed to allow you to regain SAP or assist in completion of your program of study.

Please describe your educational goals and how you plan to meet those goals.

To the best of my knowledge, the information stated above is true and correct. I understand that my appeal may be reinstated or denied and the Financial Aid Committee's decision is final.

Student Signature

Date