Satisfactory Academic Progress (SAP) Appeal Form

Federal law requires students receiving federal student aid to maintain satisfactory academic progress as defined by the institution. Satisfactory Academic Progress is separate from academic warning and suspension. In order for your appeal to be considered, this form must be submitted along with proper documentation to the Financial Aid Office. If an appeal is approved, it will be for a specific program and for a specific time period. Incomplete forms will be denied.

A copy of this form will be mailed to the address listed below once a decision has been made.

Name

ID Number

Street or P.O. Box

Email Address

(City) (State) (Zip Code)

Phone

Do you have a Bachelor's Degree? □ Yes □ No (If yes, you are NOT eligible for Pell Grant funds.)

I understand that I do not meet the Satisfactory Academic Progress (SAP) Standards at Jones County Junior College. I am appealing the decision due to personal mitigating and/or extraordinary circumstances. Please check which following circumstance(s) apply:

☐ Personal/Immediate family medical illness or injury - Attach medical documentation, such as medical bills, letter from Doctor verifying illness, treatment, etc.

☐ Death (Attach copy of death certificate or obituary)

☐ Family Circumstances - Attach birth certificate, divorce papers, court documents, police reports, etc.

☐ Other Unusual Circumstances – Please describe and attach any relevant documentation available.

Please indicate the term you are appealing

☐ Fall 20 _____  ☐ Spring 20 _____  ☐ Summer 20 _____

Please list ALL college(s) attended and provide transcript(s) if not available in the JCJC Admissions Office.

Students are limited to 12 semesters of Pell Grant funding (if eligible) per Federal Regulations regardless of Appeal decision.

THIS SECTION FOR OFFICE USE ONLY:

DATE: ______________________

Pell Lifetime Eligibility used (Maximum 600%) ___________ Student Loan Debt $________________

Appeal for _____ HOURS _____ GPA _____ Completion Rate _____ APPROVED_____ DISAPPROVED

BEGINS:

□ FALL 20______  ☐ SPRING 20______  ☐ SUMMER 20______

APPEAL ENDS ________________

APPLIES TO CURRENT MAJOR ONLY

☐ STUDENT MUST MAINTAIN A 2.00 GPA

☐ STUDENT MUST MAINTAIN A 67% Completion Rate

SIGNATURE OF FINANCIAL AID DIRECTOR: ________________________________________

Appeal Committee: _____ Approved _____ Disapproved  Date: ______________________

□ FALL 20______  ☐ SPRING 20______  ☐ SUMMER 20______
If erroneous or false data is listed on this form, the appeal will be denied. Approval of this SAP Appeal does not automatically entitle you to financial assistance. All other financial aid requirements must be met in conjunction with this appeal. Failure to address extenuating circumstance(s) will result in the denial.

What extenuating circumstance(s) prohibited you from meeting Financial Aid Satisfactory Academic Progress requirements each semester?

____________________________________________________________________________________

____________________________________________________________________________________

How did this affect your academic performance?

____________________________________________________________________________________

____________________________________________________________________________________

How has your situation changed that will allow you to meet Satisfactory Academic Progress in the future?

____________________________________________________________________________________

____________________________________________________________________________________

What is your current major?

____________________________________________________________________________________

____________________________________________________________________________________

I affirm, under penalty of perjury that the information on this form is true and correct without misrepresentation. I understand that a second appeal may only be approved under extreme situations. Financial aid suspension does not prevent you from attending classes. However, if your appeal is denied you will be responsible for charges incurred at JCJC.

If you possess supporting documentation and choose not to submit it, your appeal may be denied due to lack of documentation.

By signing below, I am indicating that I have read the entire form and I agree to follow the guidelines stipulated in this Appeal.

____________________________________________________________________________________  ____________________________________________________________________________________

Student Signature                                                                                               Date

Mailing Address:                                                                                                   Fax Number:
JCJC Financial Aid Office                                                                                          601.477.4211
Ellisville, MS 39437
ACADEMIC PLAN

Student’s Name: _______________________________ School ID #: __________________________

Current Major: _________________________________

You are required to complete this plan in order to develop your plan for academic success. Consulting with a counselor/advisor does NOT guarantee approval.

You are expected to comply with the attached academic plan. Changes to the academic plan are to be reported to the Financial Aid Office.

Only courses REQUIRED each semester to complete your current program should be listed

Example: SEMESTER Fall 2014 – BIO 1134 - Biology I.

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ADVISOR/COUNSELOR ONLY:

Number of remedial hours (cannot exceed 30 attempted hours) __________________________

Projected graduation date for current program: ________________________________

Advisor’s signature: ________________________________ Date: ____________________