

**Request for Appeal  
of Financial Aid Suspension**  
2122 APPEAL

Please review the Satisfactory Academic Progress (SAP) Policy on the SRTC website and/or Student Catalog. The minimum requirements to maintain SAP are a cumulative 2.0 GPA, cumulative 66.6% completion rate of all credit hours attempted, and attempted credit hours of less than 150% of the length of the academic program.

**Guidelines for Financial Aid Appeal:**

- Student must have had **extenuating (outside of the student’s control) circumstances** that caused you not to make Satisfactory Academic Progress (SAP). Please review the SAP policy on the SRTC website and/or Student Catalog.
- Must include signed statement describing the extenuating circumstances. Your statement **MUST** explain why you failed to make SAP **AND** what has changed in your situation that will allow you to make SAP within the next semester.
- Must include third-party documentation of the circumstances. Acceptable documentation may include, but is not limited to medical records, birth or death certificates, obituaries, official letters from counselor, doctor, lawyer, etc.

**APPEALS SUBMITTED WITHOUT RELEVANT DOCUMENTATION WILL NOT BE CONSIDERED.**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Projected Term to Attend: \_\_\_\_\_

This appeal form, your signed statement and documentation must be submitted to the Financial Aid Department by the deadline listed in your Suspension Notice. Appeals submitted after the published deadline may not be reviewed prior to the payment deadline. **You should be prepared to self-pay your tuition and fees by the payment deadline for the upcoming term.** Notification will be sent to your student e-mail after the Appeals Committee has made a decision. If your appeal is approved, you must have a current financial aid application on file, have completed any verification requirements, and meet all other eligibility requirements in order to receive aid.

Reason for my appeal:  Student illness or injury. \_\_\_\_\_

Family member illness or injury. State relationship: \_\_\_\_\_

Death in family. State relationship: \_\_\_\_\_

Other \_\_\_\_\_

(Please initial) \_\_\_\_\_ My signed statement is attached.

\_\_\_\_\_ I am submitting relevant documentation for my circumstances.

I understand that the Financial Aid Appeals Committee will not consider an appeal for Satisfactory Academic Progress (SAP) that is incomplete and/or lacks sufficient documentation. I will be notified after the committee has made a decision regarding my appeal. My signature below certifies that all information on this form and any attachments are complete and accurate. It also authorizes the Financial Aid Office to verify any information or documentation submitted.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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