

## Halifax Community College

### Satisfactory Academic Progress Appeal Request

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Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas. Students must have a **Cumulative Grade Point Average (GPA) of 2.0, cumulative minimum 67% pass rate**, and not exceed the **150% maximum time frame** of their published program (major) for financial aid eligibility at the end of each semester. It is the student's responsibility to stay informed of the college's Satisfactory Academic Progress (SAP) standards and to monitor his/her own progress.

In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events beyond the student's control. If such mitigating circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may submit this completed SAP Appeal, along with all required documentation. **Submission of the appeal does not guarantee approval. Students are responsible for payment of classes by the tuition due date and/or for dropping all classes before the first day of class to avoid charges.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Check the semester and fill in the year you are appealing to have your financial aid reinstated.

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

2. Have you previously submitted an appeal? ☐ No ☐ Yes (If YES, when) \_\_\_\_\_

3. Please check the mitigating circumstances that have contributed to your inability to maintain Satisfactory Academic Progress (SAP). You must also follow the instructions for each checked category and provide supporting documentation.

☐ **Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required hospitalization, confinement at home or in a mental or physical rehabilitation facility for at least seven (7) days.** Attach a statement from the appropriate medical professional on official letterhead. You must explain the nature and dates of the illness in question 4 of this form. If you or the immediate family member was confined to bed rest or on limited mobility by a physician, please make sure the physician includes the beginning and ending dates in his/her statement.

☐ **Death of an immediate family member or person who shared the student's household.** Attach a copy of the death certificate and/or notice from a newspaper and include the name of the deceased and the relationship to you in question 4 of this form.

☐ **Personal problems or significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation in question 4 of this form regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. You must attach supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.). If you have ongoing medical or psychiatric problems, provide a statement regarding your current status and ability to attend school.

☐ **Other: Brief Explanation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must provide supporting documentation.

4. On a separate sheet of paper, you must provide a written or typed narrative detailing the circumstance(s) you checked in question 3 that led to the SAP violation. Your explanation should include the following:

- Term(s) of deficiency
- Mitigating Circumstance(s) for each term of deficiency
- Date(s) for each mitigating circumstance
- List the type of supporting documentation you are providing for each mitigating circumstance (must provide supporting documentation)
- Explanation of how previous circumstances will no longer affect your academic performance
- Educational goal at HCC (include the diploma/degree you are pursuing)
- Expected graduation date

**Note:** Students may not appeal for the same reason more than one time. Explanation for each term of deficiency and supporting documentation must be provided.

**5. Student Certification and Signature.** By signing below, I acknowledge that I have read and understand the information on this form. I certify all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies of documents are unaltered, and that I have rightfully obtained all supporting documentation. I have read and understand the Satisfactory Academic Progress (SAP) policy for HCC and understand that submitting this form does not guarantee that my request will be granted.

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

**PLEASE NOTE:** The student is responsible for all semester tuition expenses while the SAP appeal is being reviewed. The Financial Aid Committee reviews and determines if justifiable evidence or extenuating circumstances exist and whether the student may receive financial aid for a specified probation semester. Appeals must be submitted to the Financial Aid Office at least 10 working days prior to the committee meeting. The Financial Aid Committee normally meets the last Wednesday of each month. The Committee does not meet the months of August and January. Once a decision has been made, you will be notified in writing of the outcome. An incomplete SAP Appeal Request will be denied. The decision of the Financial Aid Committee is final.

**FOR OFFICE USE ONLY**

Prior SAP Appeal: \_\_\_\_\_ Yes \_\_\_\_\_ No Review Date: \_\_\_\_\_

SAP Appeal Approved: \_\_\_\_\_ SAP Appeal Denied: \_\_\_\_\_

State reason if denied: \_\_\_\_\_

Financial Aid Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_