

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL GUIDELINES

Reason you are requesting this appeal:

- GPA: Galveston College cumulative Grade Point Average (GPA) is below the required 2.0 GPA
- Rate of Completion: Overall completion rate of ALL hours attempted is less than 75%
- **Time Frame**: Exceeded the maximum number of hours to complete a degree program (certificate, associates, or bachelors) of no more than 150% of the average length of the program. (please indicate if you are a transfer student or have had a change in majors)
- Approved Appeal Requirements Not Met: Failed to meet the terms outlined in my previous SAP Appeal and Academic Plan. Please indicate the semester and year you previously appealed.

Examples of extenuating circumstances:

- **Death of an immediate family member**. Provide a copy of the death certificate or obituary.
- Serious accident, illness, injury of the student or immediate family member. Provide
 documentation (i.e. physician statement/medical records or police report) and explain the
 nature and dates of the illness or injury.
- **Traumatic life-altering event.** Events such as fire or hurricane in which you experienced property loss or were forced to relocate. Submit copy of insurance claim or FEMA application.
- Significant trauma that impaired the student's emotional/mental or physical health. Provide a detailed explanation regarding the specific circumstances of your condition and supporting documentation from your physician.
- Other Special Circumstance. Provide a detailed explanation regarding the specific special circumstance and supporting documentation.

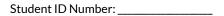
Requirements (note: Incomplete appeal forms will not be not reviewed)

- A Signed, Typewritten Personal Statement explaining:
 - Detailed explanation regarding the extenuating circumstances that caused you to be placed on SAP suspension;
 - How the extenuating circumstance(s) caused your academic under-performance;
 - What has changed in the situation that will allow you to make satisfactory progress
- Official documentation substantiating your extenuating circumstance(s);
- A completed Galveston College Degree Plan signed by your Student Success Advisor;
- Enrollment for the semester(s) requested, registration must match your Academic Plan;
- Completion of Financial Awareness Counseling (<u>www.studentloans.gov</u> and complete the Financial Awareness Counseling). Attach a copy of the completed Financial Awareness Counseling to your SAP appeal;
- Payment Arrangement I understand the Financial Aid Office will <u>NOT</u> hold my classes
 pending a decision by the SAP team. I further understand that it is <u>my</u> responsibility to pay for
 my courses in order to remain enrolled if a decision is still pending



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Last name	First Name	M.I.	Social Security Number
Address (include a	pt. no.)		Date of Birth
City	State	Zip Code	Phone Number (include area code)
I am requesting	g this appeal for (chec	k one):	
□ Fall		☐ Spring	□ Summer
Academic Major A			Academic Year
enrollir I will ut I am aw I agree term. I have reviewed understand the	to visit/revisit with myng in the next semester ilize the Student Succevare that support service to limit my course enrouthe academic plan with contents of the academ will be placed on Finar	r of this plan. ess Center for tutor ces are available in ollment to no more h my Galveston Co nic plan. I understa	dvisor to review my progress prior to ring or writing. the Counseling /Advising area. than credits during the appeal llege Student Success Advisor. I fully and that if I fail to meet the terms of my on and no longer be eligible for financial as remains as my responsibility.
	d Statement of unders		, ,
I certify that the is accurate and t Galveston Colle federal employe I agree to follow meet with my ac	e information contained truthful. I understand t ge SAP team and, as pa ees or their agents to ev the conditions of this	d within this appeal this information wi art of my permaner valuate the adminis appeal and the Aca ademic Plan if anyth	I, including all supporting documentation II be shared with the members of the at financial aid file, may be reviewed by stration of Title IV financial aid programs. I demic Plan. I understand that I must ning changes. I understand that it will by the SAP team.
Student Signat	ure		Date





ACADEMIC PLAN

Fall	Spring	Summer 1	Summer 2
visor Notes:	Student St	uccess Advisor Review	
visor inotes.			
	academic nlan requirer		
ive reviewed the a	academie plan requirer	ment(s) with the student.	
	deadenne plantequil et	nent(s) with the student.	
		Date	
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tudent Success Ad			
tudent Success Ac	visor Signature		
udent Success Ad Office Use Only Appeal App	visor Signature	Date	
udent Success Ad Office Use Only Appeal App	visor Signature	Date	
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tudent Success Ad or Office Use Only Appeal App Date:	visor Signature roved Co	Date Date	
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