

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 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** (www.studentloans.gov 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 **NOT** hold my classes pending a decision by the SAP team. I further understand that it is my responsibility to pay for my courses in order to remain enrolled if a decision is still pending



Student ID Number: _____

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Last name	First Name	M.I.	Social Security Number
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

I am requesting this appeal for (check one):		
<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Academic Major		Academic Year

Additional Recommendations:

- _____ I agree to visit/revisit with my student success advisor to review my progress prior to enrolling in the next semester of this plan.
- _____ I will utilize the Student Success Center for tutoring or writing.
- _____ I am aware that support services are available in the Counseling /Advising area.
- _____ I agree to limit my course enrollment to no more than _____ credits during the appeal term.

I have reviewed the academic plan with my Galveston College Student Success Advisor. I fully understand the contents of the academic plan. I understand that if I fail to meet the terms of my academic plan, I will be placed on Financial Aid Suspension and no longer be eligible for financial aid. Furthermore, I understand that my academic success remains as my responsibility.

Certification and Statement of understanding:

I certify that the information contained within this appeal, including all supporting documentation is accurate and truthful. I understand this information will be shared with the members of the Galveston College SAP team and, as part of my permanent financial aid file, may be reviewed by federal employees or their agents to evaluate the administration of Title IV financial aid programs. I agree to follow the conditions of this appeal and the Academic Plan. I understand that I must meet with my advisor to revise my Academic Plan if anything changes. I understand that it will take ten (10) business days for the appeal to be reviewed by the SAP team.

Student Signature	Date

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.

ACADEMIC PLAN

1. Total credits remaining until Galveston College graduation: _____
2. Expected Term and Year the student will fulfil all Academic Plan requirements _____

Fall _____	Spring _____	Summer 1 _____	Summer 2 _____

Student Success Advisor Review
Advisor Notes:

I have reviewed the academic plan requirement(s) with the student.

<div style="display: flex; justify-content: space-between;"> Student Success Advisor Signature _____ Date _____ </div>

For Office Use Only

<input type="checkbox"/> Appeal Approved Date: _____	Comments:
<input type="checkbox"/> Appeal Denied Date: _____	Comments: