Financial Aid Satisfactory Academic Progress Appeal Form

Section A: Student Information and Reason for Appeal

☐ My cumulative GPA is below 2.0  ☐ My passing rate is below 67%  ☐ I have exceeded 150% max time-frame

Name:___________________________________________    Student ID/SSN _________________________________

Phone Number (home)_____________________    (cell)________________________    (other)______________________

Email:_________________________________________________

Current Major:______________________________________  Credits remaining for completion:_______________

Expected graduation date:_________________________

Semester for appeal to be approved:  ☐ fall 20____  ☐ spring 20____  ☐ summer 20____

Appeal submission:  ☐ yes, first appeal  ☐ no, my last appeal was submitted during term:_______ year_______

*If you had a previously approved appeal you do not qualify.

Students who are not meeting the satisfactory academic progress (SAP) policy may appeal for reinstatement of financial aid eligibility for a one-time exception. An appeal can only be submitted if a student’s failure to make satisfactory academic progress is based upon events beyond their control. These events must coincide with the time frame in which the student was not academically successful.

Please indicate which circumstance below best applies to you:

☐ Illness or Injury which prevented my attending class (please attach medical records or doctor's letter on doctor's letterhead – must include date of illness or injury)
☐ Illness of Family Member which prevented my attending class (please attach medical records or doctor's letter on doctor's letterhead – must include date of illness or injury)
☐ Death of Family Member (please attach obituary, funeral program or death certificate – must include date)
☐ Required Court Dates (please attach court documents)
☐ Other unavoidable Event and third party documentation of event on organization letterhead (i.e. licensed counselor, social worker, pastor, teach – no family members)

Examples of reason which are not considered suitable justification of appeals:

• I was young; I attended in high school; I didn’t take school seriously before; I made mistakes.
• I attended many years ago and have come back to school recently.
• I did not realize how much withdrawals would hurt my financial aid.
• Transportation problems.
• Voluntary change in work hours.
• Ignorance of College Policy (e.g. withdraw deadline, satisfactory academic progress policy)
• Dislike of instructor, class, or course work being too difficult
• Never attended class.

(Please remember that the appeal is only for situations that are beyond your control. The above reasons and similar ones do not fall into this category.)

Return this form to:
Financial Aid Office, Bucks County Community College
275 Swamp Road, Newtown, PA 18940
Tele: 215-968-8200  Fax: 215-504-8522   Email: finaid@bucks.edu
Section B: Explain why you were not able to meet the requirements of the SAP policy.
*Please attach a typed or handwritten letter of explanation if additional space is needed.

Section C: Explain what has changed and why you will be academically successful going forward
*Please attach a typed or handwritten letter of explanation if additional space is needed.

Section D: Checklist of Documentation

By signing below, you are attesting that you are submitting the following documents:

☐ Completed SAP Appeal form (all blanks must be completed in order to be considered complete)
☐ Outside documentation of circumstances (please see previous page for explanation of what to attach)

I have read the Financial Aid Satisfactory Academic Progress policy. I understand that the Financial Aid Office will not review my appeal if it is incomplete or lacks appropriate documentation (see above check list). I also understand that I will be notified by mail of the decision within 14 days.

Signature __________________________ Date ______________

FAO Use Only:

_______ Appeal Approved for one-time exception_______________________________

_______ Appeal Denied/Reason for Denial________________________________________

_____FASI _____or if Approved _____IPC _____Excel list _____Print/Mail ltr _____FA on/remove _____File