

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

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www.champlain.edu

STUDENT INFORMATION (PLEASE PRINT)

_____			_____
LAST NAME	FIRST NAME	MI	CHAMPLAIN COLLEGE ID NUMBER
_____			_____
ADDRESS			DATE OF BIRTH
_____			_____
CITY	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE AREA CODE)

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Financial Aid Standards for **Satisfactory Academic Progress (SAP)** are established by the Department of Education to encourage students to successfully complete courses and progress satisfactorily toward program completion. The Champlain College Satisfactory Academic Progress policy can be found in the student handbook, financial aid section online at www.champlain.edu. Pursuant to federal regulations, students notified of their ineligibility for financial aid due to not meeting Satisfactory Academic Progress requirements may use this form to appeal for reconsideration of financial aid eligibility, as long as this happened as a result of mitigating and unusual (crisis) circumstances.

- 1. Provide an explanation of the circumstances that prevented you from meeting the Satisfactory Academic Progress requirements and attach the supporting documentation that verifies your situation.** You may use a separate sheet of paper (typed preferred).

_____ **Appeal due to medical reasons:** You, your parent, spouse or dependent children were injured or ill for an extended period of time. Attach a statement from your doctor on letterhead stating the nature of illness, current health condition and effect of your studies (past and future), AND/OR copies of hospital bills detailing dates involved and medical condition.

_____ **Appeal due to personal reasons:** Attach a professional statement of support from person(s) involved in or aware of the situation (i.e., counselor, advisor, priest, social worker or therapist), AND/OR birth or death certificate or obituary/birth notice (if appropriate) indicating the nature of relationship accordingly.

_____ **Other:** Appeals that will be considered are those that involve abuse, arrest, incarceration, or other unexpected circumstances beyond the control of the applicant. Complete documentation must be attached.



WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

LAST NAME

FIRST NAME

MI

CHAMPLAIN COLLEGE ID NUMBER

2. Describe the positive steps you are taking to ensure future success in attaining your academic goals. Please indicate if you are meeting with an academic advisor, tutor, counselor or are attending any type of study skills sessions on a regular basis.

3. Attach the Financial Aid Academic Planning Worksheet, found at www.champlaincollege.edu signed by you and your Academic Specialist which indicates the specific action you will take to meet federal Satisfactory Academic Progress requirements and when you anticipate to be meeting Satisfactory Academic Progress requirements.

Please fill in the blanks and sign before returning form back to the Office of Financial Aid:

- A. I am completing this appeal form so that I may be reconsidered for financial aid for _____ semester.
Important: Students are advised to appeal within 30 days of their Financial Aid Suspension letter.
- B. When was the last time you attended Champlain College? _____
- C. I attest that this information is true and accurate. I understand that any falsified information will result in denial of this appeal from and incomplete information may cause delays. I understand that without sufficient documentation the appeal will be automatically denied.

STUDENT'S SIGNATURE

DATE

Important information regarding the appeal process:

If your appeal is approved, you will be placed on financial aid probation for the next term of your enrollment. During probation, you must meet satisfactory academic progress requirements and/or the conditions of your academic plan.

You will receive notification via your Champlain College email and instructions after your appeal is reviewed and processed within approximately 7-10 business days of receipt of this form.

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