Financial Aid Satisfactory Academic Progress Appeal Form

Name: ___________________________ Date: ______________
Address: ___________________________ Student ID#: _____________
City: ___________ State: ___________ Zip: ___________ Contact #: ___________
Email: ___________________________

Financial Aid Standards for Satisfactory Academic Progress 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).

2. **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.

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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, and counselor or 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

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**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.

**Return completed form to:** Champlain College, SAP Appeals - Financial Aid Office, 163 South Willard St. PO BOX 670 Burlington VT 05402

Fax: (802) 860-
2777
Email: finaid@champlain.edu