



Satisfactory Academic Progress Appeal 2018-2019

(Appeal for Reinstatement of Financial Aid)

Student Name: _____ Student ID: _____ Telephone Number: _____

Students who wish to appeal the loss of their financial aid eligibility should complete this form and attach supporting documentation. Appeals submitted without supporting documents will **not** be considered. Completed form, should be delivered by the student to a campus financial aid office with all supporting documents. (It is Important that the student meet with a financial aid advisor to review the appeal and documentation.) *For more information about the Standards of Satisfactory Academic Progress (SAP) go to <http://web.tcc.edu/students/finaid/sap.htm>.*

A typed, signed, and dated detailed explanation of why you failed to meet the Standards of Satisfactory Academic Progress, what has changed, and details on your plan to become academically successful *is required*.

Students may appeal the loss of their financial aid due to unusual mitigating circumstances. Please indicate the reason(s) for this appeal by checking one of the below:

- Personal illness or illness of an immediate family member. (Attach documentation from a physician attesting to the medical condition and/or copies of hospital records.)
- The death of an immediate family member. (Attach a copy of the obituary or death certificate.) Provide the relationship of the relative: _____
- Other circumstances. Attach copies of supporting documents (i.e. court records, police reports, or letter(s) from a counselor, teacher, or an unbiased third party.) (Letters from family and friends are generally not acceptable forms of documentation.)

I am requesting that my financial aid eligibility be reinstated for the following term:

Academic Year 2018-2019 (check one): Fall 2018 _____ Spring 2019 _____ Summer 2019 _____

Certification – Signature and Date (read and initial each item):

- ___ I understand that submission of this appeal does not guarantee that my financial aid will be reinstated.
- ___ I understand that this appeal may take 15 business days or longer to review.
- ___ I understand that if my appeal is approved, I may have enrollment stipulations outlined in an Academic Plan that must be followed in order for me to remain eligible for federal student aid.

Signature: _____ **Date:** _____

Satisfactory Academic Progress (SAP) probation may only be granted by a financial aid administrator with the authority to exercise professional judgement on behalf of Tidewater Community College.

<p>Office Use Only: 2018-19 Academic Year</p> <p>___ I approve this student to be placed on Satisfactory Academic Progress (SAP) ___ probation ___ Academic Plan for the semester(s) referenced:</p> <p>Probation Term: Fall ___ Spring ___ Summer ___</p> <p>Academic Plan Terms: Fall ___ Spring ___ Summer ___ Fall ___ Spring ___ Summer ___</p> <p>Campus: Virginia Beach Portsmouth Chesapeake Norfolk</p>	<p>___ I do not approve this student to be placed on Satisfactory Academic Progress (SAP) probation or an academic plan.</p> <p>Comment: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signature: _____ Date: _____

Writing an appropriate SAP Appeal Letter

Your satisfactory academic progress (SAP) appeal explanation must include the following:

- **Explain what happened**
Why were you unable to maintain satisfactory progress?
Take a hard look at your situation to determine what has kept you from making satisfactory academic progress. Explain the circumstances for all semesters where there was poor performance.
- **Explain what has changed**
Have the circumstance been resolved or what corrective measures have you taken to achieve satisfactory academic progress?
- **Develop a success plan**
What strategies will you use to maintain academic success?
- **Attach any relevant supporting documentation**
This may include a doctor’s statement, copy of hospital/urgent care/physician’s bill, obituary, funeral notice or death certificate.

Circumstance		Documentation
Work Related	Required overtime, required change in work schedule	<ul style="list-style-type: none"> • Letter from employer including effective date(s) and whether the change in hours was mandatory • Timesheets from employer for applicable period(s)
	Layoff/job loss	<ul style="list-style-type: none"> • Letter from employer • Separation/severance letter
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> • Letter stating doctor-advised period of home rest • Record of doctor visits
	Surgery/Hospitalization	<ul style="list-style-type: none"> • Surgery/hospitalization records • Copies of medical bills documenting illness/injury • Letter stating doctor-advised period of recovery • Record of doctor visits
	Mental health issue	<ul style="list-style-type: none"> • Letter from doctor, therapist, or counselor
	Dental emergency	<ul style="list-style-type: none"> • Record of dental visits • Letter from dentist • Letter stating dentist-advised period of recovery
Student’s Child	Child’s medical condition	<ul style="list-style-type: none"> • Records from daycare/school that the sick child was required to be kept home for extended period(s), including the dates. • Record of doctor visits • Letter stating doctor-advised period of recovery • Hospitalization records
	Childcare/daycare issue	<ul style="list-style-type: none"> • Letter from former daycare provider • Letter from current daycare provider • If the childcare provider is a relative, the letter must be notarized
Additional Circumstances	Death of an immediate relative or loved one	<ul style="list-style-type: none"> • Obituary or funeral program • Letter from counselor • Documentation should include date and indicate the student’s relationship to the deceased
	Eviction	<ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program
	Assault/domestic violence	<ul style="list-style-type: none"> • Police report • Court documentation • Letter from clergy, social worker, counselor, or doctor