



## Satisfactory Academic Progress Appeal 2016-2017

(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, write a letter explaining the reason for not meeting the standards of Satisfactory Academic Progress and attach supporting documentation. Appeals submitted without all required documents will **not** be considered. Completed forms 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>. (The 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 beginning with the following term (select only one term):

**Academic Year 2016-2017 (check one):** Fall 2016 \_\_\_\_\_ Spring 2017 \_\_\_\_\_ Summer 2017 \_\_\_\_\_

**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 if my SAP appeal is approved, I may be required to see an academic advisor.
- \_\_\_\_ 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><b>Office Use Only:      2016-2017 Academic Year</b></p> <p>____ I <b>approve</b> 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 ____</p> <p style="padding-left: 100px;">Fall ____ Spring ____ Summer ____</p> <p>Campus: Virginia Beach    Portsmouth    Chesapeake Norfolk</p>	<p>____ I <b>do not approve</b> 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>
<p>Signature: _____ Date: _____</p>	

## 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 circumstances 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, etc.

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