



The Peninsula's Community College

### 2016-2017 SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

If you wish to appeal the loss of your eligibility, please complete this form and attach supporting documents.

NAME: \_\_\_\_\_ Student ID #: \_\_\_\_\_

VCCS E-MAIL ADDRESS: \_\_\_\_\_

#### Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of a family member, or other unusual circumstances. **Appeals submitted without supporting documents will be rejected.**

If you have a **credit or GPA deficiency**, include in your TYPED appeal all of the following:

1. Describe why you became deficient, and what has changed in your situation that will allow you to make satisfactory progress at the next evaluation.
2. Describe how you plan to resolve the deficiency using the academic plan on page 2 of this form.
3. Provide appropriate documentation of the extenuating circumstances mentioned in your TYPED letter of appeal.

**Deadlines for Appeals: Fall 2016-August 12, 2016; Spring 2017-January 6, 2017; Summer 2017-May 19, 2017**

**\*If you are appealing regarding excessive credits (150%), explain the factor(s) that caused you to exceed the maximum credit limit AND include a copy of your My Advisement Report from the My TNCC portal.**

**\*Note: Job conflicts, transportation problems, or childcare conflicts DO NOT constitute unusual mitigating circumstances and will not be considered.**

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Program: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Construct a plan of study for up to four semesters**, beginning with the current semester (or your next planned period of enrollment if you are currently not enrolled). **List COURSE, COURSE NUMBER AND NUMBER OF CREDITS.** Include only credits for courses required to complete TNCC program. **If this section is left blank, it will be considered INCOMPLETE and the appeal will be DENIED.**

\_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_  
 Semester Year Semester Year Semester Year Semester Year

Course & Number	Number of Credits	Course & Number	Number of Credits	Course & Number	Number of Credits	Course & Number	Number of Credits

**CERTIFICATION:** “I certify the information on this Satisfactory Academic Progress Appeal, my typed appeal and any supporting documentation are accurate, true and complete to the best of my knowledge. I will provide other information as requested by Thomas Nelson Financial Aid. I realize that a final decision may not be made on my Satisfactory Academic Progress Appeal unless all steps above are complete and until I submit any additional documents if requested by Thomas Nelson Financial Aid. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.”

\_\_\_\_\_

Student’s Signature Date