Second Appeal
Satisfactory Academic Progress (SAP)

This form is used to appeal a decision made by the SAP committee. Use this form when the SAP committee has denied your first appeal or has approved the appeal with conditions with which you do not agree. Your second appeal will be reviewed by the Dean of Student Affairs. Submit this form to the Records Office in person, email to registrar@anokatech.edu or fax to 763-576-7721.

1. Student Information

Name: ___________________________ Student/Star ID: __ ___ __ ___ __ ___ __ ___
Program Major: ___________________ Planned Graduation Year: _________________
Phone: __________________________ Email: _________________________________________

2. Type of appeal, factors related to suspension, and documentation requirements

I am submitting a second appeal for my (check all that apply):
☐ Academic and Financial Aid Suspension at Anoka Technical College
☐ Financial Aid Suspension only at Anoka Technical College
☐ Suspension from previously-attended Minnesota State college or university

I am appealing to attend: Fall ☐ Spring ☐ Summer ☐ Year: _______________________

Factors related to suspension: (check all that apply) Some examples of documentation include:
☐ Personal physical or mental health issue → Health provider statement or after-visit summary
☐ Illness or death of family member → Health provider statement, death certificate, obituary
☐ Personal or family crisis → Court or legal document
☐ Limited basic skills (math/reading/writing) → Improved placement test scores; Adult Basic Ed enrollment verification
☐ Too many credits (with other responsibilities) → Letter from employer; transcript showing recent academic success
☐ Called up to active military duty → Copy of military orders
☐ Other: ______________________ → Depends on the situation

3. Type-written Statement

☐ I have completed a new typed statement that includes:
  • Description of why I do not agree with the SAP committee decision
  • Additional information not included with the first appeal

By signing this form, I certify that all the information provided is complete and accurate, and I commit to earning a term GPA of 2.5 or higher and completing all courses. I understand that the Contract for Academic Success (Part 4 of my original appeal) will be shared with my academic advisor(s).

Student Signature (required): ___________________________ Date: _______________
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OFFICE USE ONLY

Approved:
☐ Registration
☐ Financial Aid

With the following conditions:
☐ Limited credit load of: ________
✔ Meet with program advisor to discuss courses and credit load.
✔ Meet with one or more of the following:
  Enrollment and Success Coach at 763-576-7710 or enrollmentservices@anokatech.edu
  Counselor Erica Stene at 763-576-4036 or estene@anokatech.edu,

☐ Other: ____________________________________________________________

Denied:
☐ Registration
☐ Financial Aid

Next steps if your appeal was denied: If you want to attend a future semester, you will need to submit an updated appeal for that semester.

Signature of Dean of Student Affairs: ___________________________ Date: _______________

Entered into ISRS: _______________