



Student ID: _____

Satisfactory Academic Progress Appeal

Students have the right to appeal their suspension. **You must complete this appeal in its entirety and submit it by the published deadline in order for your suspension and reinstatement term to be considered for review and approval. Appeal results will be sent via e-mail.**

Check your e-mail regularly for notification.

Name: _____
Last First Middle E-mail Address

Term and year of Reinstatement: Summer Fall Spring Year: _____

Complete the boxes below to identify your suspension appeal type(s) and your current academic information.

I am appealing my (check ALL that apply)

Academic Suspension
 Financial Aid Suspension
 Maximum Time Frame Suspension
 Suspension from a previous college or university

My current cumulative GPA is _____
My current cumulative completion rate is _____
This is my FIRST academic suspension Yes___ No ___
My program/major is _____

Students suspended **may appeal based on extenuating circumstances.** Extenuating circumstances DO NOT include lack of funds, employment schedule, child care, transportation, failure to understand or adhere to college policy, or dissatisfaction with an instructor or course. In the box below **indicate your extenuating circumstance(s). Supporting documentation is required.**

I am appealing based on (check ALL that apply; attach appropriate supporting documentation).

Personal physical health or mental health issue – attach health providers’ statement on official letterhead
 Death of your parent, spouse, child, or other immediate family member – attach death certificate or obituary
 Military call up for active duty – attach copy of official military orders
 Family/Personal crisis – attach court or legal documentation
 Disability issue not previously diagnosed or documented – attach documentation verified by Disability Services
 Natural Disaster, including flood, fire, or tornado – attach insurance documentation
 Recent academic success at another college or university – attach transcript
 Change of major or academic goal (for Maximum Timeframe only) – attach updated DARS report
 Other _____

Please attach a written or typed statement of how your circumstance(s) prevented you from making progress and what you have done to prevent those circumstances from interfering with your progress again. All appeals must include a SAP contract for Academic Success, signed by a Student Counselor.

SAP Contract for Academic Success

Purpose of Form: Students previously suspended are required to complete this form and obtain necessary signatures. By completing this form, the student is committing to the responsibilities outlined below as a part of their appeal.

During my last term of enrollment, I completed _____ credits with a _____ GPA, earning a cumulative GPA of _____. I did not achieve Satisfactory Academic Progress (min. 2.0 GPA; 67% completion).

To improve my performance in school and to reach my goal of completing _____ credits with a _____ GPA this semester to work toward achieving Satisfactory Academic Progress, I commit to the following:

- | | |
|--|--|
| <input type="checkbox"/> Attend every class | <input type="checkbox"/> Complete all assignments |
| <input type="checkbox"/> Work with tutor | <input type="checkbox"/> Find a quiet place to study |
| <input type="checkbox"/> Communicate regularly with faculty (advisor or current instructors) | |
| <input type="checkbox"/> Set grade goals | <input type="checkbox"/> Take fewer credits each semester |
| <input type="checkbox"/> Improve language skills | <input type="checkbox"/> Use daily planner to stay organized |
| <input type="checkbox"/> Other _____ | |

Campus Resources: To achieve my goal, I will utilize:

- | | | |
|--|---|---|
| <input type="checkbox"/> Program Advisor | <input type="checkbox"/> Student Success Center | <input type="checkbox"/> Veterans Center |
| <input type="checkbox"/> Adult Basic Education | <input type="checkbox"/> Peer Tutor/Mentor | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Math Lab | <input type="checkbox"/> Counselor | <input type="checkbox"/> Financial Aid Office |
| <input type="checkbox"/> Writing Center | <input type="checkbox"/> Student Success Coach | <input type="checkbox"/> Library Media Center |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Other |

Your SAP Contract must state you will either: 1) meet minimum cumulative standards of 2.0 GPA and 67% completion rate OR 2) earn minimum term standards of 2.5 GPA and 100% completion.

Student Signature (**required**) Date

Success Coach Signature Date

Counselor Signature (**required**) Date