Office of Student Financial Aid
Summerville Campus
1120 15th St.
Augusta, GA 30912
Phone: 706-737-1524
Fax: 706-737-1777
osfa@augusta.edu

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Name: _____ Student ID: _____

Major: _____ Jag mail: _____

Check the term for which you are submitting this appeal: ☐ Fall ☐ Spring ☐ Summer

Check ☑ the corresponding circumstance which best indicates your reason for submitting the SAP Appeal.

Unacceptable circumstances for an appeal include but are not limited to: voluntary change in work hours, disagreement / dislike of an instructor, his/her teaching style, or lack of self-motivation.

☐ ***Change of major***, ONLY used for resulting in exceeding maximum allowable timeframe, you must submit an Attempted Hours Evaluation Form and Academic Plan before submitting an appeal. In some instances, an appeal may not be needed.

☐ ***Serious injury, illness, medical or mental health condition involving yourself or an immediate family member.*** Attach supporting medical documentation that reflects condition, dates of occurrence and treatment.

☐ ***Death of an immediate family member.*** Attach a copy of death certificate or obituary and include (in your appeal statement) the relationship of the deceased to you.

☐ ***Other non-academic circumstances beyond your control.*** Supporting documentation from a third party counselor, police, physician, etc.) must be attached.

All SAP Appeals should include a statement that includes the following: Clearly explain how the circumstances prevented you from meeting SAP Standards. Address semesters in which you demonstrated poor academic performance and relative dates. Explain how you will be able to meet the SAP Standards in the future. Incomplete appeals may be automatically denied.

If you are submitting this form to appeal Maximum Allowable Time Frame, you are required to submit:

☐ ***Academic Plan*** https://www.augusta.edu/finaid/documents/auacademicplan1819fillable.pdf along with this appeal form. Please refer to our SAP standards https://www.augusta.edu/finaid/documents/standardssapnewrevf.pdf for additional appeal information.

Student Certification

I, _____, understand that this appeal is subject to review by the SAP Appeals Committee and that approval or denial of this appeal will be based on the information included (and/or attached). Appeals that are incomplete, illegible, lack supporting documentation or are submitted after the deadline will be denied. I will pay for tuition, fees and other educational expenses until an appeal decision has been made. There is no guarantee that a decision will be made before the payment deadline**.** I also understand that any financial aid that is currently posted for the semester for which I am appealing will not be applied or disbursed unless the appeal is approved. I further understand that I may apply for financial aid in anticipation of the approval of my appeal and, if approved, my aid will be awarded based on my eligibility. I will be notified of the results of my appeal via institutional e mail. I understand that, if approved, I will be required to submit an Academic Plan which must be completed with my advisor. I must successfully complete the courses reported on the Academic Plan in order to maintain financial aid eligibility.

_____ _____

Student Signature Date