



Beaufort County Community College

5337 US Hwy 264 East, Washington, NC 27889 • Telephone 252-940-6222

2018-2019 Satisfactory Academic Progress Appeal

Student Name: _____ Student ID: _____

Please print

Street Address: _____ City: _____ State/Zip: _____

Telephone Number: _____ Email Address: _____@live.beaufortccc.edu

Program of Study: _____

The U.S. Department of Education requires each school that participate in Federal Student Financial Assistance programs to establish minimum standards for measuring Satisfactory Academic Progress (SAP). Students who receive federal aid such as Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, and Federal Work-Study must adhere to the SAP Policy.

Continued eligibility for financial aid is determined, in part, by maintaining satisfactory academic progress toward the completion of a degree program. Cumulative grade point average and the percentage of credit hours completed define satisfactory academic progress. In addition, students must complete their respective academic program(s) within 150% of the hours required. Students who fail to meet these academic progress standards are ineligible for federal and state financial assistance. Federal regulations allow you to appeal financial aid standings under certain conditions with proper documentation.

Please carefully read the instructions below before submitting your appeal. **You must submit proper documentation along with this form in order for your appeal to be considered.**

Types of Appeals

1.) Failure to complete the necessary number of credit hours per semester, due to withdrawing from the College or receiving an “I (Incomplete)”, “IP (In Progress)”, “W (Withdrawal)” or “F”.

Students in this category may appeal their financial aid suspension **if extenuating circumstances were involved.** Mitigating circumstances include but are not limited to the following:

- A serious/prolonged illness or accident that contributed to your failure to maintain satisfactory progress.
- The death of an immediate family. An immediate family member may include a parent, spouse, child, or sibling.
- Other circumstances beyond your control.

Examples of these extenuating circumstances may be a serious illness or accident that prevented you from attending classes, domestic violence issues, change in personal circumstances (divorce, homelessness, loss of income, etc.), or other severe personal problems such as a medical or legal issue.

Examples of non-appealable reasons are immaturity of the student in past years, being a single parent, repeated transportation issues, lack of childcare, pregnancy or registering for more classes than you are capable of completing. The federal government does not recognize these as extenuating circumstances.

Acceptable documentation:

- Documentation from a medical professional from whom you have received advice or treatment
- Signed statements from a counselor, or other social or legal service professional
- Copies of death certificates or obituaries clearly stating the relationship to you

Name: _____ Student ID: _____

In the case of documentation for illness, accident or personal circumstances, the professional must provide a letter (on letterhead) addressing *all* of the following:

- Statement of extenuating circumstances that prevented you from successfully completing the semester. Dates that the circumstances occurred should be included.
- Statement as to whether the situation has been completely resolved. If situation has not been resolved, indicate the measures that have been established to resolve the situation.
- Recommendation as to whether you should be able to continue enrollment and to what extent (i.e., part time, full time, etc.).

Be sure that your appeal addresses every term for which you had withdrawals, incompletes or failing grades. Documentation should address each term for which you are appealing your academic progress.

2.) Exceeding maximum timeframe for receiving financial aid.

Students in this category may appeal their financial aid suspension **if extenuating circumstances were involved** such as Serious accident or illness that prevents you from pursuing your current career.

Acceptable documentation:

- Documentation from a medical professional from whom you have received advice or treatment. The documentation must include specific limitations caused by the accident or illness.
- Loss of employment due to regional market changes.
- Proof of loss of job AND employment statistics showing negative market changes in a particular sector.

Examples of non-appealable reasons are lack of academic maturity of the student in past years, changing majors multiple times, and or numerous uncompleted terms.

Name: _____

Student ID: _____

SECTION A: TO BE COMPLETED BY THE STUDENT

Please check the term for which you are appealing to have your financial aid reinstated.

- Fall 2018
- Spring 2019
- Summer 2019

Have you previously submitted an appeal? Yes No

Please explain the reasons for your appeal. Discuss the circumstances that prevented you from meeting Satisfactory Academic Progress (SAP) while attending BCCC. Be sure to **list and address all** terms for which you have withdrawn or failed courses and for which you are appealing. (Use separate page is needed)

Discuss what has changed in your situation so you can now succeed at earning your degree, diploma, or certificate at BCCC. Describe the efforts of steps you have now enable you to meet the academic progress requirements in your next term of enrollment. (Use separate page if needed)

SECTION B: STUDENT CERTIFICATION

I understand that a decision regarding this appeal will be made taking all of the information I have provided into consideration. If my appeal is approved, I will be expected to make SAP during my next term of enrollment which will be a semester under financial aid warning. If I have been enrolled in the most recent concluded semester, I am aware that my appeal will not be reviewed until my semester of grades have been evaluated. I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature

Date

Name: _____ Student ID: _____

SECTION C: TO BE COMPLETED WITH FACULTY/ADVISOR

Student must meet with a counselor or faculty advisor prior to having appeal reviewed. Please have counselor or faculty advisor complete the section below.

Please list the **TOTAL HOURS NEEDED** to complete current program: _____

List only those classes recommended for the student to enroll in for the next semester and the total hours needed for the student to graduate.

Program of Study: _____ Program Number: _____

Course Prefix	Section Number	Course Name	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Semester Credit Hours: _____

Advisor Comments:

Advisor Name: _____

Please Print

Advisor Signature: _____

Date: _____

Please return completed form to: Beaufort County Community College
Financial Aid Office
5337 Highway 264 East
Washington, NC 27889

Name: _____ Student ID: _____

FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: _____

Total Attempted Hours: _____ Total Hours Completed: _____

Completion Rate (Pace): _____ GPA: _____ 150% Hrs. of Program: _____

Previous Appeal: Yes No Number of Appeals: _____ Dates and Decisions of Appeals: _____

Documents Attached: Yes No

- Academic Transcript
- SAPV (Screenshot from Colleague)

Reason for Appeal (Check all that apply):

- Grade Point Average _____ of 4.0
- Completion Rate - Completed less than 67% of attempted hours
- Both Grade Point Average/Completion Rate
- Maximum Timeframe - Attempted more than 150% of the total credit hours for current major but have cumulative GPA of above 2.0 and completed more than 67% of attempted hours.

A decision has been made to approve deny the financial aid appeal for the student listed.

- Appeal approved. Student must receive a cumulative GPA of _____ and an overall completion rate of 67% at the end of the probationary semester.
- Appeal approved with recommendations. (see recommendations/comments)
- Appeal denied due to insufficient information.
- Appeal denied due to completion rate.
- Appeal denied due to grade point average.
- Appeal denied due to grade point average and completion rate.
- Appeal denied due to hours needed to graduate, which exceeds the 150% rule.
- Other: _____

Recommendations/comments:

FA Reviewer: _____ Signature: _____

Title: _____ Date: _____