



Satisfactory Academic Progress Appeal Form

Student Name:	
Address:	
City, State, Zip	
Phone:	Date of Birth:
E-mail Address:	

Students who have extenuating circumstances may appeal their financial aid suspension by submitting this form with supporting documentation. Appealable extenuating circumstances are serious in nature such as a severe injury, extended hospitalization, death of an immediate family member for whom the student is responsible, or a similar life crisis event that, through no fault of the student, prohibited the student from either attending and/or being successful in college. Examples of non-appealable circumstances include lack of knowledge of the requirements for financial aid good standing, the need for financial assistance, or circumstances that are life challenges or difficulties but do not rise to the level of a life crisis. No appeal will be accepted without supporting documentation. Aid will not be awarded retroactively for a prior term in which financial aid eligibility was suspended or during which satisfactory progress was not made. Submission of an appeal does not guarantee approval.

SAP Appeal Steps:

- Attach a **typed** statement that details the extenuating circumstance(s).
- Attach all necessary documents that support your appeal (e.g., medical records, copy of death certificate, statement from physician, etc.).
- Documentation will be retained for Financial Aid Office records, so please do not provide originals.
- The committee’s decision will be communicated to you in writing at the address listed above. The committee’s decision is final.
- Please refer to full Satisfactory Academic Progress Policy at <http://www.sscok.edu/FinAidOffice/finaid.html>

**Student Acknowledgement:** Should this appeal be granted, I understand that I will be placed on either financial aid Probation or Probation with an Academic Plan, as determined by the committee.

By signing this document, I certify that everything I have stated and submitted is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

Return to: Seminole State College, Attention Financial Aid Office, P.O. Box 351, Seminole, OK 74868

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For Office Use Only:

\_\_\_\_\_  
Decision

\_\_\_\_\_  
Academic Plan Required

\_\_\_\_\_  
Date