SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL
PLAN OF RESOLUTION PACKET

<table>
<thead>
<tr>
<th>Financial Aid Appeal Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2021</td>
</tr>
<tr>
<td>Spring 2022</td>
</tr>
<tr>
<td>Summer 2022</td>
</tr>
</tbody>
</table>

__________________________  _____________________________________  
Student Name  

__________________________  _____________________________________  
Student Email  

__________________________  _____________________________________  
A#  

__________________________  _____________________________________  
Current Telephone Number  

INSTRUCTIONS

1. Attach a typed explanation of mitigating circumstances associated with unsatisfactory academic progress. Indicate how your circumstances have changed so that you can comply with regulations in the future.

2. Attach all supporting documentation of mitigating circumstances that prevented you from making Satisfactory Academic Progress.

3. Email form and documentation to Nicole Elam at nelam@sheltonstate.edu.

Please indicate the reason for loss of financial aid.

______ Grade point average (GPA)  

______ Completion rate  

______ Maximum time frame

Please indicate which circumstance in the list below best applies to your academic situation.

______ Medical: You must provide documentation from a medical professional from whom you received treatment.

______ Death/Illness of Immediate Family Member: You must provide appropriate copies of medical records, a death certificate, or obituary.

______ Military Service: You must provide documentation of orders from the commanding officer.

______ Other Circumstance(s): You must provide documentation, and you must clearly state the circumstance.

______ COVID 19 Pandemic: You must provide documentation of circumstances occurring during the spring 2020 semester.

Note: Circumstances related to the typical adjustment of college life, such as working while attending college, financial issues related to paying bills, and transportation, are not considered extenuating circumstances for the purpose of filing an appeal.
Have you previously applied for a financial aid appeal at Shelton State? ______Yes ______No
Note: Students are eligible to apply only once for a financial aid appeal during their time at Shelton State.

Have you previously been placed on academic suspension at Shelton State? ______Yes ______No

REQUIREMENTS AND GUIDELINES

My signature below indicates that I have read and understand the following:

- I have read and understand the attached Satisfactory Academic Progress (SAP) requirements.
- I understand that students granted an appeal cannot attend full time.
- I understand that I must receive a passing grade in all courses. (A passing grade is a “C” or above in all courses.)
- I understand that I cannot withdraw from any classes while under the appeal agreement.
- I understand that students receiving Title IV aid are expected to complete their designated course of study within a period not to exceed 1.5 times the length of their program of study; for example, a two-year program of study (six semesters) must be completed within three years (nine semesters) of attendance. The following formula is used to determine the time frame allowed by the program of study: \( \text{total hours required for program completion multiplied by 1.5 = time frame limit} \).
- I understand that decisions are processed on a case-by-case basis and may be denied.
- I understand that the financial aid appeal may be denied if I fail to follow instructions.
- I understand that if my appeal is denied, I will be ineligible to receive financial aid and will be responsible for my student bill until I meet Satisfactory Academic Progress (SAP) requirements.
- I understand that failure to abide by the guidelines in this appeal will result in financial aid suspension.
- I understand that I cannot apply for another appeal if I fail to meet the requirements in this appeal.

____________________________________________________  __________________________________________
Student Signature                                                   Date

____________________________________________________  __________________________________________
Enrollment Services Representative Signature*                      Date

Students will be notified of appeal results via myShelton student email.

*If Financial Aid SAP Appeal and Plan of Resolution (POR) are not signed by an Enrollment Services representative, your appeal will not be considered.

Note: It is the student’s responsibility to communicate with the representative concerning his or her financial aid status. Students cannot change their program of study without declaring the change with the Enrollment Services Office. Students must follow the program of study as listed in the catalog or with their STARS Guide. It is the sole responsibility of the student to be sure that ALL documentation is attached to this Financial Aid SAP Appeal form.