

## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL PLAN OF RESOLUTION PACKET

Financial Aid Appeal Deadlines			
Fall 2023	August 18, 2023 at noon		
Spring 2024	January 5, 2024 at 5:30 p.m.		
Summer 2024	May 24, 2024 at noon		

Student Name	myShelton Username (User ID)
Student Email	Current Telephone Number
INSTRUCTIONS	
<del></del> .	cumstances associated with unsatisfactory academic progress. ed so that you can comply with regulations in the future.
	igating circumstances that prevented you from making out acceptable documentation attached will not be considered.
3. Email form, essay and documentation to er	ic.prewitt@sheltonstate.edu.
Please indicate the reason for loss of financial aic	d.
Grade point average (GPA)	
Completion rate	
Maximum time frame	
Please indicate which circumstance in the list bel	ow best applies to your academic situation.
<b>Medical</b> : You must provide docum received treatment.	nentation from a medical professional from whom you
Death/Illness of Immediate Famil	ly Member: You must provide appropriate copies of
medical records, a death	certificate, or obituary.
Military Service: You must provide	e documentation of orders from the commanding officer.
Other Circumstance(s): You must	provide documentation, and you must clearly state the circumstance.
<b>COVID 19 Pandemic</b> : You must pro 2021 semester.	ovide documentation of circumstances occurring during the spring

an appeal.			
	a financial aid appeal at Shelton St ble to apply only <u>once</u> for a financ		No their time at Shelton State.
Have you previously been placed	on academic suspension at Shelto	on State?Yes	No
REQUIREMENTS AND GUIDEL	INES		
My signature below indicates that	at I have read and understand the	following:	
<ul> <li>I understand that I must</li> <li>I understand that I cannot</li> <li>I understand that studen a period not to exceed 1 (six semesters) must be used to determine the tir multiplied by 1.5 = time</li> <li>I understand that decision</li> <li>I understand that the fine</li> <li>I understand that if my a student bill until I meet S</li> <li>I understand that failure</li> </ul>	ts granted an appeal cannot attent receive a passing grade in all courset withdraw from any classes while its receiving Title IV aid are expected. It is times the length of their program completed within three years (nime frame allowed by the program of the frame limit.  In sare processed on a case-by-case ancial aid appeal may be denied if ppeal is denied, I will be ineligible satisfactory Academic Progress (SA) to abide by the guidelines in this appeal if I fail	d full time. ses. (A passing grade e under the appeal ag ed to complete their m of study; for exam le semesters) of atte of study: total hours  e basis and may be d I fail to follow instructoreceive financial a le peal will result in fi	e is a "C" or above in all courses.) greement. designated course of study within aple, a two-year program of study ndance. The following formula is required for program completion denied. Study and will be responsible for my nancial aid suspension.
Stude	ent Signature		Date
Enrollment Service	es Representative Signature*		 Date

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

## 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.