



Federal Regulations require institutions to establish a Satisfactory Academic Progress (SAP) policy to monitor a student's academic progress toward the completion of their program. At FGC, SAP is reviewed at the end of each term once grades are available. In order to receive federal financial aid funds, students must meet the following three requirements:

1. Completion rate (Pass Rate Rule - Quantitative): Students must earn 67% of their overall cumulative attempted hours.
2. Grade Point Average (GPA Rule - Qualitative): Maintain a cumulative academic GPA of at least 2.0.
3. Maximum Timeframe (Max Hours/150% Rule): Students must complete their degree program within 150% of the published length of that program.

The appeal form must be reviewed for completeness and signed by both you and your advisor or program advisor. The Financial Aid Office will not accept an incomplete appeal packet. Submit the appeal form along with your typed and signed statement (Step 2), supporting documentation (Step 3).

Students losing financial aid eligibility for failing to meet the SAP Policy Standards due to extenuating circumstances may submit an appeal as outlined below.

How to Complete a Satisfactory Academic Progress Appeal (SAP):

Step 1: Contact your academic advisor or program advisor to create an Academic Plan Worksheet.

Step 2: Statement of Extenuating Circumstances - You must attach a **typed and signed** statement describing extenuating circumstances beyond your control (personal illness or injury, emergency, death in the family, etc.) which you believe prevented you from meeting one or more of the FGC standards of Satisfactory Academic Progress for financial aid.

- Provide specific term and time periods (i.e. terms or months) of your circumstance(s) or situation for all terms in which you were not academically successful.
- Describe how the circumstance(s) specifically affected you and your academic progress.
- Indicate specifically what has changed in your circumstance(s) that will allow for future academic success.
- Sign and date your statement. Statements without signatures will not be accepted.

***Please note: Students who have attempted more than 150% of the credits required for their program must explain the reason they have exceeded this requirement and describe their academic and career goals.

Step 3: Attach Documentation to Support the Extenuating Circumstances - Supporting documentation is **required**

Documentation may include, but is not limited to, the following:

- A statement on letterhead from a professional such as a doctor, therapist, clergy, college instructor, etc., that supports the extenuating circumstance you experienced.
- Documentation from the courts, insurance company, obituary notice, police reports that supports the circumstance you experienced.

The appeal due dates are: January 20th, March 20th, June 20th, September 20th, or November 20th.

All appeals will be reviewed by the Financial Aid Appeals Committee on an as needed basis or when committee schedule's permit. Students will be notified of the results within 5 business days from the date of appeals meeting. Monitor your FGC wolves account for status updates and the results of the review. Failure to provide sufficient information or documentation could result in denial of your appeal. Decisions made by the committee are final.

Students not meeting SAP, or those who submit an appeal, will be required to make payment arrangements to hold their classes.

Please do not submit this page with your appeal form.



Satisfactory Academic Progress (SAP) Appeal

Please select the area(s) of SAP you are not meeting:

☐ GPA Below 2.0

☐ 67%

☐ 150%

Student's Name:

Last

First

MI

Student ID: _____

Phone: (_____) _____
Area Code

Please refer to the instruction page for detailed information on how to complete this form.

Please note: SAP Appeal due dates: January 20th, March 20th, June 20th, September 20th, and November 20th.

Please select the reason(s) for appeal in the section below. Appeals will be denied without documentation.

- ☐ Medical or Illness (Must attach documentation from physician or medical facility on letterhead)
- ☐ Death in immediate family (Death certificate or obituary and proof of relationship to deceased)
- ☐ Work related (Letter from employer verifying involuntary change in work schedule on letterhead)
- ☐ Other: _____ (Documentation required with explanation)

Please provide all of the following:

1. A typed and signed explanation describing the extenuating circumstance(s) that interfered with your academic success for all terms in which you were not academically successful, **and/or** a typed and signed statement describing why 150% of attempted credit hours in your program has been exceeded and an explanation of intended career goals.
2. Documentation that supports the extenuating circumstance. Do not submit originals, please make copies.
3. An Academic Plan Worksheet signed by both you and an academic advisor or program advisor listing the required coursework required in order to be academically successful in the continuation of your program.

I understand submission of this appeal is not a guaranteed reinstatement of financial aid eligibility, and I am responsible for meeting any payment deadlines. I understand that if my appeal is approved, my academic progress will be reviewed each term and failure to meet the conditions of my approved appeal will result in the loss of my financial aid eligibility. Decisions made by the committee are final.

I agree to repay Florida Gateway College for any payment of funds I received whether due to my misrepresentation, change of my enrollment status or institutional error.

Students not meeting SAP or those who submit an appeal will be required to make payment arrangements to hold their classes.

By signing below, I acknowledge and confirm that the above and attached information is accurate and complete.

Student's Signature

Date

Student's Name: _____
Last First MI

Student ID: _____

ACADEMIC ADVISOR/ PROGRAM ADVISOR

- ☐ A typed and signed explanation from the student describing the extenuating circumstance(s) which interfered with academic success for all terms in which he/she was not academically successful, and/or a typed and signed statement describing why 150% of attempted credit hours in the program has been exceeded and an explanation of intended career goals.
- ☐ Documentation that supports the extenuating circumstance(s).
- ☐ An Academic Plan Worksheet listing the coursework the student is required to successfully complete in order to be academically successful in the continuation of his/her program.
- ☐ Date Student is projected to be meeting SAP: _____

Advisor Name: _____

Advisor Signature: _____ Date: _____

STUDENT

By signing below, I agree to take and successfully complete only the courses listed on the ADP Worksheet for completion of the program. If a course is not available for the term as listed, I may select another course from my plan. If my SAP Appeal is approved, I understand if I do not follow the conditions of the SAP Appeal and be meeting SAP by the projected date above, this will result in the loss of my Financial Aid eligibility.

I understand that receiving an "D", "F", "W", "I GRADE" or changing a program plan, does not follow the conditions of the SAP Appeal, which will result in the loss of my Financial Aid eligibility.

Student Signature: _____ Date: _____

Committee's Decision: ☐ Approved ☐ Denied

Comments:

Student Notification Sent: ☐ Email ☐ Letter

Records updated: ☐ ROARMAN ☐ RHACOMM, SOAHOLD, Scan all docs to BDM



FLORIDA GATEWAY COLLEGE

Financial Aid Appeal Academic Plan Worksheet

Note: Advisors are not available to complete academic plans during major registration.

To the Academic Advisor:

A Financial Aid Appeal Committee will review this student's appeal, but will need the information you provide on this Academic Plan Worksheet to help reach a more informed decision. Please discuss with the student their academic performance and goals and make necessary course recommendations for future academic terms. If you have any questions, please feel free to contact the Financial Aid office at ext. 4296. Thank you for your assistance.

Student Name _____ Student ID _____

Major _____ Advisor's Name _____ Academic Plan should only include those courses required to graduate:

<i>Suggested Courses Term 1</i>	<i>Suggested Courses Term 2</i>	<i>Suggested Courses Term 3</i>	<i>Suggested Courses Term 4</i>
Total Cr. =	Total Cr. =	Total Cr. =	Total Cr. =
Alternatives	Alternatives	Alternatives	Alternatives

Remaining Credits Needed to Graduate _____ Anticipated Grad Date _____

Comments:

Advisor Signature: _____ Date: _____

To the Student: If your appeal is approved, you're considered to be on **financial aid probation** and your financial aid eligibility will be reinstated for one semester.

To continue eligibility for future semesters, you must follow this plan AND

1. Complete all classes with grades of C or better and
2. Receive no D, F, W, or I grade

By signing this academic plan, the student agrees to follow the plan with the grade requirements listed above. If you fail to meet the requirements of the plan and you are still not meeting the overall SAP requirements, your financial aid will be suspended.

Student Signature: _____ Date: _____