



# OFFICE OF FINANCIAL AID

## Satisfactory Academic Progress (SAP) Application

Students who have not met the requirements for Satisfactory Academic Progress (SAP) and are on Financial Aid Suspension can appeal if they have *extenuating circumstances such as illness, death in the family, accidents, etc.* The review process for appeals may take around 4 to 6 weeks. It is recommended that you submit your appeal as soon as possible, but make sure to meet the deadline listed below to ensure it will be reviewed. Please note that after the official reporting day (Census Date), no more appeals will be accepted.

### STUDENT INFORMATION

Name: \_\_\_\_\_

Palomino ID: P \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_

### INSTRUCTIONS

This form must be filled out completely and turned in along with any supporting documentation to the Office of Financial Aid via email at [Ernestina.perez@laredo.edu](mailto:Ernestina.perez@laredo.edu) or [finaid@laredo.edu](mailto:finaid@laredo.edu). Alternatively, you can submit it in person at either:

- Ft. McIntosh – Lerma-Pena Building, Rm143.
- One Stop Shop the South Campus - Billy Hall Student Center, A109.

1. Deadlines to submit appeals will be the end of the business day on the following dates:

Wintermester 2023	Wintermester / Spring 2024	Maymester / Summer I 2024	Summer II 2024
December 21, 2023	January 31, 2024	June 10, 2024	July 15, 2024

2. Students are required to provide **typed statement describing the circumstance(s)** that prevented them from meeting the Satisfactory Academic Progress Policy and how their situation has now changed.
3. **DOCUMENTATION** supporting the extenuating circumstances must be included and available for review, otherwise the appeal will be denied. **Below are some examples of acceptable documentation.**
4. Copy of your **GPA Calculator** and an **audit of your LC DegreeWorks** which is provided by Advising Center, by contacting Advising Center - Lerma-Pena Building, Rm. 201 or Billy Hall Student Center, Rm. A109.
5. **All decisions made by the Satisfactory Academic Appeal Committee are final.** After final decisions are made, the student will be contacted via LC PASPort email and/or a phone call at the student phone number listed.

*By signing below, I acknowledge my understanding of the requirements of the conditions above.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REASON FOR APPEAL

- Grade Point Average (GPA) - Not maintaining a cumulative GPA of 2.0.
- Completion Percentage - Not completing at least 67% of all attempted coursework, including transfer hours.
- Both Grade Point Average (GPA) and Completion Percentage - Failure to maintain a cumulative GPA of 2.0 and complete at least 67% of all attempted coursework, including transfer hours.

▪ **Extenuating Circumstances**

Check the circumstance that applies to you and follow the instructions for the required documents.

<input type="checkbox"/> Mental or physical illness, injury or disability	Signed and dated letter from physician on office letterhead verifying medical problem experienced and treatment received with dates; accident/ hospital report etc.
<input type="checkbox"/> Death of a family member	Death certificate or obituary.
<input type="checkbox"/> Illness, accident or injury of a significant person	Documentation (e.g. physician's statement, police report, or third-party entity, such as a hospital statement) related to the individual for whom you provided care or support
<input type="checkbox"/> Divorce or Separation	Attorney's letter on law firm's letterhead, petition for dissolution, or a copy of divorce decree.
<input type="checkbox"/> Other special circumstances: <hr style="border: 0.5px solid black; margin-top: 5px;"/>	Provide supporting documentation that verifies the circumstances

➔ **The following circumstances are not considered extenuating and beyond the student's control, but based on personal choices:**

- *Incarceration resulting from a guilty verdict*
- *Voluntary pause, lapse, or termination of employment*
- *Voluntary overtime*

## STUDENT CERTIFICATION

Indicate your agreement to the terms of the appeal by initialing below.

\_\_\_\_\_ I understand that appeals may take a minimum of 4 to 6 weeks to be processed from the time the appeal is submitted to the time a decision is reached.

\_\_\_\_\_ Submission of an appeal does not guarantee it will be approved and it does not release me from my financial obligation to the college to meet all payment deadlines. ***I am responsible for all institutional charges assessed to my account and must make payment arrangements timely and as needed.***

\_\_\_\_\_ **I understand I must have a completed financial aid application on file with all at the Office of Financial Aid Center. This means that any required documents must be turned in otherwise my SAP application will not be reviewed.**

\_\_\_\_\_ I understand I must earn a minimum semester GPA of **2.0** during each semester under Financial Aid Probation to regain **Good** standing based on the LC Financial Aid (FA) Satisfactory Academic Progress Policy.

\_\_\_\_\_ I understand I must complete **100%** of all enrolled courses during each of the enrolled semesters under Financial Aid Probation to regain **Good** standing based on the Laredo College FA Satisfactory Academic Progress Policy. This means I cannot drop any course at any point in the semesters while on FA Probation.

\_\_\_\_\_ I understand I must remain on schedule to complete my current program of study within **150%** of the minimum number of hours required for graduation as explained in the Laredo College Financial Aid Satisfactory Academic Progress Policy.

\_\_\_\_\_ I understand I must enroll **only** for courses in my degree plan or in developmental or preparatory courses required for my current program of study.

\_\_\_\_\_ If I withdraw from or fail any courses before or during the appeal process, it will affect my financial aid for future semesters

\_\_\_\_\_ I understand that if I do not meet the conditions of my approved Financial Aid SAP Appeal and the conditions of my Academic Plan, I will **no longer be eligible** for financial assistance until I regain good standing based on the Laredo College Financial Aid Satisfactory Academic Progress Policy by completing the 100% completion rate and maintaining a cumulative GPA of 2.0 or higher.

\_\_\_\_\_ I understand that I will only receive financial aid for the number of semesters approved. ***I will not be allowed to appeal for Satisfactory Academic Progress (SAP) Application a second time.***

\_\_\_\_\_ I certify that the information contained in this SAP appeal, supporting documentation, and statements, are accurate and complete to the best of my knowledge. I understand any false information is cause for the reduction, denial and/or repayment of student financial aid.

***I have read and understood all the criteria and requirements of the SAP appeals process. Further, I certify that to the best of my knowledge, all the information and supporting documentation with my Satisfactory Academic Progress Appeal is accurate and verifiable. I acknowledge that if the form is incomplete I will receive a denial letter via email.***

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACADEMIC PLAN

If the SAP appeal is approved, the student will be placed on Financial Aid Probation and will be required to follow an Academic Improvement Plan outlined by an Academic Advisor.

Each semester that a student is placed on financial aid probation, he or she must maintain a 2.0 GPA and complete 100% of all classes attempted. If a student fails to meet the SAP appeal requirements he or she loses eligibility for financial aid.

1. Successfully complete and pass 100% of attempted coursework during the probation period. No withdrawals allowed.
2. Achieve a minimum term GPA of 2.0 or higher and 100% completion rate.
3. Sign your **Academic Plan of Action Memorandum of Understanding Agreement.**

### OFFICE OF THE FINANCIAL AID USE ONLY

Received by: \_\_\_\_\_

Received Date: \_\_\_\_\_

Approved  Denied  Pending

Effective: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer I 20\_\_\_\_ Summer II 20\_\_\_\_

Financial Aid Director Signature: \_\_\_\_\_

Additional Information Requested/Comments:

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