

## Satisfactory Academic Progress (SAP) Appeal Form

You may appeal the suspension of your financial aid eligibility resulting from your failure to meet the college's minimum standards governing Satisfactory Academic Progress by submitting this form, along with supporting documentation of the extenuating circumstances which have affected your academic progress, by the appropriate deadline date. Only **valid** appeals will be reviewed by the Standards of Academic Progress Review Committee. A valid appeal includes the complete **Satisfactory Academic Progress Appeal Form, the Academic Program Plan and the appropriate documentation to support your Appeal Statement**. Only appeals with documented extenuating circumstances will be considered. Appeals received after the deadline date for the semester are automatic **DENIALS**.

NAME						STUDENT ID#:			
Term of Appeal:	□ Fall	☐ Spring	□ Summer	Year: 20	0	P	Program of Study:		
DESCRIPTION OF EXTENUATING CIRCUMSTANCES AND REQUIRED DOCUMENTATION									
Check the box(es) below based on your circumstances:									
<ul> <li>Personal Injury, illness or physical disability</li> <li>Fully completed Student Appeal Statement.</li> <li>Statement from a doctor or medical professional detailing the following:         <ul> <li>Student's limiting medical condition and date span for which conditions existed.</li> <li>That the condition may have impaired academic performance.</li> <li>The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.</li> </ul> </li> <li>Standards of Academic Progress - Academic Plan.</li> </ul>									
<ul><li>If illness o</li><li>Statement certificate</li></ul>	oleted Stud f immedia should sp or obitual	dent Appeal S Ite family me Decifically add Ity will be req	Statement. • <b>mber;</b> Stateme dress medical c	condition a			iling medical condition incurred by family member. an for which the condition existed. * <i>If deceased a death</i>		
<ul> <li>Fully comp</li> </ul>	leted Stud	dent Appeal :			ion rate	e do	oes not meet the 67% minimum.		
<ul> <li>A complet</li> </ul>	oleted Stud ed Acader	dent Appeal : nic Adviseme	Statement. ent Progress A	ssessment	Form.	ım at	attempted hours.		

Rowan College at Burlington County – Office of Financial Aid • 900 College Circle, Mount Laurel, NJ 08054-9416 Phone (856) 222-9311, ext. 1575 • Fax (609) 894-0139 • Email financialaid@rcbc.edu • rcbc.edu

STUDENT APPEAL STATEME	NT
Explain the circumstances that contributed to your current academic status. Ple	ase provide documentation of your situation.
Explain the thing(s) that have changed in your circumstances that will permit yo Please provide any applicable documentation.	u to successfully complete your studies.
Explain the steps you will take to improve your academic performance.	
The Satisfactory Academic Progress Appeal form, all documentation and the Sati submitted to have your appeal considered. Appeals submitted without an acade	
Student's Signature	Date: