

## Financial Aid Satisfactory Academic Progress Appeal

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas: Cumulative Grade Point Average (GPA), 67% Completion Rate and Maximum Time Frame for financial aid eligibility. It is the student's responsibility to stay informed of the college's SAP standards and to monitor his/her own progress.

In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events beyond the student's control. If such mitigating circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may submit this completed SAP Appeal, along with all required documentation. Submission of the appeal does not guarantee approval, and students are responsible for dropping all classes by the add/drop deadline if they are unable to pay for classes on their own.

A financial aid staff member will notify you of the decision by email to your official JSRCC email account and/or by letter via the U.S. Postal Service. If your appeal is approved and your financial aid is reinstated, it will not be retroactive to any semester when these standards were not met. All decisions of the Financial Aid Appeal Committee are final and not subject to further appeal. **It is strongly recommended that you submit this form prior to the last day of late registration for the semester in which you are appealing your SAP violation.**

<b>Name</b>			<b>Emplid</b>
Last	First	MI	

<b>Current Mailing Address</b>			
Street	City	State	Zip Code

<b>Day Phone</b>	<b>Evening Phone</b>	<b>JSRCC Email Address</b>
( )	( )	

1. Please check the term for which you are submitting a SAP appeal.

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Summer \_\_\_\_\_

2. Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking any category below that applies to you. You must also follow the instructions for each checked category.

- Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required hospitalization, convalescence in an institutional setting, or confinement at home for at least seven (7) days.** Attach a statement for the appropriate medical professional on official letterhead and explain the nature and dates of the illness in question 3 of this form. If confined to bed rest or limited mobility by your physician, please make sure that your physician includes the beginning and ending dates in his/her statement.
- Death of an immediate family member or person who shared the student's household.** Attach a photocopy of the death certificate and/or notice from a newspaper and include the name of the deceased and relationship to you in question 3 of this form.

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- Significant trauma in student's life that impaired the student's emotional and/or physical health.**  
Provide a detailed explanation in question 3 of this form regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) must also be attached. If you have ongoing medical or psychiatric problems, provide a statement regarding your current status and ability to attend school.

3. **On a separate sheet of paper, provide a typed detailed explanation of the circumstances indicated in question 2 that led to the SAP violation and why those circumstances are no longer affecting your academic performance.**
4. **Certification from your program head or academic advisor.** Each student should meet with their academic advisor or program head prior to submitting the SAP appeal. **All 150% violators MUST have this section completed.** In addition to the certification below, the advisor/program head may submit a written statement providing their opinion of your ability to improve your academic performance.

***Current/New Program of Study and the Number of REMAINING Credits Required For Completion***

**Program**

**Number of Credits Remaining to Complete Program**

**Program Head/Advisor Signature**

**Date**

5. **Certification and signature.** I am requesting to have my financial aid eligibility reinstated. I understand that the Office of Financial Aid may deny without question any SAP appeal that is incorrect or lacks documentation. I am, therefore, submitting my SAP appeal with appropriate documentation. By signing this form, I certify that the information on this form is truthful and accurate. If I provide false or misleading information, I understand that I may be fined \$10,000, sent to prison, or both.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE NOTE: The student is responsible for all semester tuition expenses while the SAP appeal is being reviewed. Please allow 10-14 days for review. Once a decision is made, you will be notified at the street address and/or the college e-mail address on the front of this form.**



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Post Office Box 85622  
Richmond, VA 23285-5622