

## Satisfactory Academic Progress Appeal Maximum Timeframe

Clark State Community College students receiving federal financial aid are required to meet Satisfactory Academic Progress (SAP) standards. Evaluation of SAP is completed at the end of each semester. Students who do not meet the SAP standards have the right to appeal. Clark State policy allows each student 2 approved SAP appeals during their enrollment at Clark State.

Students are considered to have an eligible SAP status if they:

- Maintain the required cumulative grade point average (GPA) of 2.00 or better.
- Satisfactorily complete enough credit hours to have a completion rate of 67.0% or higher.
- Will graduate within 150% of the credit hours required to complete their academic program.

To review the SAP policy, refer to: Clark State S.A.P. Policy

**SECTION 1: Student Information** 

Satisfactory Academic Progress appeals can be filed by students to document unforeseen and extenuating circumstances that impacted the student's ability to complete their degree or certificate within 150% of required credit hours.

Appeals must be submitted 7 days before the start of the semester the student is seeking reinstatement of federal student aid. Students will be notified of the decision (Approved, Pending or Denied) by email to their Clark State student email.

All appeals must be signed by the student and a Success Coach/Faculty Advisor and include a complete Academic Plan.

Name	Student ID Number		
Street Address			
City	State	Zip	
Primary Phone			
SECTION 2: Extenuating Circumstance(s) Provide a typed, detailed statement explaining the academic progress (for example, death in the fami changes). Include the dates of each occurrence an	ly, major illness or	unexpected employment	
SECTION 3: Steps for Success  Provide a typed, detailed statement explaining how what steps you are taking to regain successful aca		circumstances were resolved and	
SECTION 4: Confirmation of academic advising m	neeting to discuss	student's academic plan.	
Success Coach/Faculty Advisor Signature:		Date	

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Please select one or more		ncluded in support of your	appeal:
Please select one or more  Proof of visit with/ I  Office of Acc  TRIO Staff  Counseling S  Office of Stu  Student Succ  Caseworker  Ohio Depart  Other:  Court Documentation  Obituary/ Death Ce  Other:  SECTION 6: Pell Grant ar  As a Federal Student Aid	letter from (check all that a cessibility  Services Ident Support Ident Support Ident of Job and Family Services Ident of Job and Family Services Ident Support Ident Of Job and Family Services Ident Of Ident Of Family Services I	apply): ervices	
complete this step, do the		review your grant	and loan asage. To
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		(maximum	view table below)
		t of \$ (maximum	
My unsubsidized loan am	ount is. \$ ou		ium, view table below)
FAFSA Dependency Status	Subsidized Maximum	Unsubsidized Maximum	Total Aggregate Loan Limit
Dependent	\$23,000	\$31,000	\$31,000
Independent	\$23,000	\$57,500	\$57,500
to the best of my knowled any false or fraudulent do	ormation on this form and dge. Furthermore, I affirm ocumentation.	accompanying documents that I have not knowingly	or intentionally provided
Student Signature:		Date	<u> </u>
	FOR OFFICE	EUSE ONLY	
	FOR OFFIC	E USE ONLY	
Appeal Approved	Appeal Denied	Appeal Pen	ded
FA Reviewer:		Date:	
Academic Program:	Catalog `	Year: Credit Hours	s To Complete:
Comments:			