



2025-26 Satisfactory Academic Progress

To appeal the results of a SAP evaluation, complete this form and return it to Financial Aid, 570 E. Leffel Lane, Springfield, Ohio 45505 or financialaid@clarkstate.edu. For assistance, call 937-328-6034.

Clark State students who receive federal financial aid are required to meet Satisfactory Academic Progress standards. Evaluation of SAP is completed at the end of each semester. Students who do not meet the SAP standards have the right to file an appeal to document unforeseen and extenuating circumstances that impacted the student's ability to complete their degree or certificate within 150 percent of required credit hours.

All appeals must be signed by the student and a staff/faculty advisor or retention specialist and include an academic plan that outlines all courses needed to complete the program, with supporting documentation.

Students will be notified of the appeal decision (approved or denied) via email to their Clark State student email account within 3-5 business days.

Students have eligible SAP status if they:

- Maintain the required cumulative grade point average (GPA) of 2.00 or higher.
- Satisfactorily complete enough credit hours to have a completion rate of 66.6 percent or higher.
- Will graduate within 150 percent of the credit hours required to complete their academic program.

To review the SAP policy, refer to the Clark State S.A.P. Policy at go.clarkstate.edu/cs-sap.

STUDENT INFORMATION

Name: _____ Student ID Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____

Appeals are processed within 3-5 business days. Students will be notified of the decision (Approved or Denied) by email to their Clark State student email.

EXTENUATING CIRCUMSTANCE(S)

Provide a legible, detailed explanation of the circumstances that affected your academic progress (for example, death in the family, major illness or unexpected employment changes). Include the dates of each occurrence and documentation to verify the circumstances.

STEPS FOR SUCCESS

Provide a legible, detailed statement explaining how the extenuating circumstances were resolved and what steps you have taken or are planning to take to regain successful academic progress.

SUPPORTING DOCUMENTATION

Please select one or more of the following that are attached to support your appeal:

- ☐ Documentation of illness and treatment. Please include dates: _____
- ☐ Obituary/death certificate
- ☐ Proof of visit with letter from campus resources (check all that apply):
- ☐ Office of Accessibility
 - ☐ TRIO Staff
 - ☐ Counseling Services
 - ☐ Office of Student Support
 - ☐ Student Success Center (Tutoring)
 - ☐ Other: _____

PELL GRANT AND LOAN USAGE

As a Federal Student Aid recipient, it is wise to periodically review your grant and loan usage. To complete this step, do the following:

1. Visit <https://studentaid.gov>.
2. Log in using your FSA ID
3. Select "Dashboard"
4. Select "My Aid"
5. Select "View Details"

My Pell grant usage is _____% out of 600% lifetime eligibility

My subsidized loan amount is \$_____ out of \$23,000.

My unsubsidized loan amount is \$_____ out of \$8,000 for dependent students and \$34,500 for independent students.

Total aggregate loan limit is \$31,000 for dependent students and \$57,500 for independent students.

CONFIRMATION OF ACADEMIC ADVISING MEETING TO DISCUSS STUDENT'S ACADEMIC PLAN

☐ _____ I have attached my Academic Plan.

Staff/Faculty Advisor Name: _____

Signature: _____ Date: _____

Academic Program: _____ Catalog Year: _____ Credit Hours to Complete: _____

CERTIFICATION STATEMENT

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation or information.

Student Signature: _____ **Date:** _____

Acceptable signature formats include hand-written signatures, signatures made using a stylus or finger or an image representation of your signature.

FOR OFFICE USE ONLY

☐ Appeal Approved ☐ Appeal Denied ☐ Appeal Pending

FA Reviewer: _____ Date: _____

SAP Committee Review (beyond Forth Appeal): _____ Date: _____

☐ Appeal Approved ☐ Appeal Denied ☐ Appeal Pending