

## 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. *Deadlines: Nov. 1 for a fall appeal, April 1 for spring, July 1 for Summer.* 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 Program of Study:								
DESCRIPTION OF EXTENUATING CIRCUMSTANCES AND REQUIRED DOCUMENTATION								
Check the box(es)	below bas	ed on your c	ircumstances:					
<ul><li>Statement</li><li>Stud</li><li>That</li><li>The</li><li>acad</li></ul>	: from a do dent's limit : the condi student ha demic perf	ing medical o tion may hav as rehabilitate ormance.	cal professiona condition and d e impaired aca	date span for ademic per extent that	or whicl forman	ch co ice.	ring: onditions existed. al condition should not significantly impair future	
<ul><li>If illness o</li><li>Statement</li><li>certificate</li></ul>	oleted Stud f immedia : should sp or obitual	dent Appeal S te family me ecifically add ry will be req	Statement. <b>mber;</b> Stateme Iress medical c	condition a			iling medical condition incurred by family member. oan for which the condition existed. * <i>If deceased a death</i>	
<ul><li>Fully com</li></ul>	oleted Stud	dent Appeal :			on rate	e do	pes not meet the 67% minimum.	
• A complet	oleted Stud ed SAP Ad	dent Appeal : cademic Plan	Statement. Form.			um a	attempted hours.	

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

STUDENT APPEAL STATEMENT							
Explain the circumstances that contributed to your current academic status. Documentation of your situation must be attached.							
Explain the thing(s) that have changed in your circumstances that will permit you to successfully complete your studies. Please provide any applicable documentation.							
Explain the steps you will take to improve your academic performance.							
The Satisfactory Academic Progress Appeal form, all documentation, and the Satisfactory Academic Progress Academic Plan must be submitted to have your appeal considered. <i>Appeals submitted without an academic plan will not be considered.</i>							
Student's Signature Date:							
(Electronic signatures will not be accepted)							