

11400 Robinwood Drive Hagerstown, MD 21742 finaid@hagerstowncc.edu Student Financial Aid: 240-500-2473 advise@hagerstowncc.edu Advising: 240-500-2240

Satisfactory Academic Progress (SAP) Appeal

Last Name	First Name	HCC ID#	Phone Number

SECTION ONE: Important information about your status

According to our records, you have failed to maintain Satisfactory Academic Progress (SAP). Please review the SAP policy online at: <u>www.hagerstowncc.edu/financial-aid/eligibility</u>. *You are not eligible to receive Federal Student Aid* funds at HCC, including:

- Pell Grant
- SEOG (Supplemental Educational Opportunity Grant)
- Maryland State Scholarships and Grant
- Work-Study
- Stafford Loan (subsidized and unsubsidized)
- PLUS Loan
- Other Federal Aid

You have the right to appeal the cancellation of your Federal Student Aid. Complete appeals (including the enclosed appeal form, typed statement, and supporting documentation) must be submitted to the Financial Aid Office by the SAP Committee deadline to be considered for the upcoming semester. Appeals are accepted on monthly rolling basis. The SAP Appeal Committee meets once per month to review appeals from the previous month. All information contained in this appeal is confidential. Only the SAP Committee and Financial Aid staff will have access to this information.

Appeals must be based on extreme circumstances as detailed on the on the enclosed appeal form. These circumstances must have directly impacted your academic performance. Consideration for extreme circumstances **does not include employer related issues/work schedule concerns or lack of knowledge about college grading and class withdrawal procedures.**

Watch this video: <u>How do I complete a SAP Appeal?</u>

(entire link: <u>https://hagerstowncc.financialaidtv.com/play/62321-satisfactory-academic-progress-sap-hcc/61749-how-do-i-complete-satisfactory-academic-progress-sap-appeal</u>)

When reviewing your Satisfactory Academic Progress (SAP) appeal, the SAP Appeal Committee will carefully evaluate your entire college academic performance (not just at Hagerstown Community College if you have been to other institutions) and other relevant information which would indicate your ability to successfully complete an Academic Program at HCC to determine if your Federal Student Aid funds will be reinstated. If your appeal is approved, you will be required to complete an Academic Plan with an Academic Advisor. This plan can only include courses that are needed to complete your active program(s) of study. Please plan ahead by only registering for required courses. Changing your program of study after approval of your appeal may result in you being required to appeal again for that program of study.

This appeal will be considered incomplete if supporting documents are not included. Incomplete appeals are likely to be denied by the appeal committee, leaving the student responsible for tuition, fees, books, and other educational expenses.

IMPORTANT: If you need help with this form, please see either Financial Aid or Advising.

Continue to next page

SECTION TWO: Basic Information about this appeal

What semester are you requesting the reinstatement of your financial aid (<u>ONLY SELECT ONE</u> <u>SEMESTER</u>)?

FALL of _____ (year)

SPRING of _____ (year)

SUMMER of _____ (year)

NOTE: Appeals are reviewed on a monthly rolling basis. The SAP Appeal Committee meets once per month to review appeals from the previous month.

Current Program of Study: * **Current Cumulative GPA:** *Your major must match your active program(s) listed in "Program Evaluation" on Web Advisor. If you are not in the correct program of study, you must meet with an advisor to change your major. Please contact advising above for further information. Be sure to remove programs you are not planning to complete.

SECTION THREE: Why am I appealing the loss of my financial aid?			
Circle One:	In your letter of appeal provide the following information:		
Student Injury or Illness	Explain the nature of your illness or injury (including dates) in your appeal letter. Attach a statement from the attending physician, therapist or counselor. This letter must be on letterhead and signed by the medical professional providing the statement.		
Death of an immediate family member (parent, grandparent, or sibling)	State the relationship of the deceased to you in your appeal letter. Attach a copy of the death certificate or obituary		
Illness or Injury of an immediate family member (parent, grandparent, or sibling)	State the relationship of the ill/injured person to you and explain the nature of the illness or injury (including dates) in your appeal letter. Attach a statement from the attending physician, therapist or counselor. This letter must be on letterhead and signed by the medical professional providing the statement.		
Undue hardship/ Other extenuating circumstance(s)	These would be circumstances outside of your control. In your appeal letter explain the reason you failed to make satisfactory academic progress. If available, provide documentation to support the reason(s) you state in your appeal letter		

SECTION FOUR: Timeline of Events	-	
Semester in question (that has an F, W, AU, I, or Repeated course)	Provide Reasoning for Unsuccessful Semester	
Example: 17/SP	Example: Major Car Accident (see appeal statement and documentation for details)	
Important: The committee will take the current semester into account when determining your outcome, please address your current semester if applicable.		
If more room is needed please p	provide a separate piece of paper using this format (typed)	
SECTION FIVE: Appeal Letter & Documentation		
Provide a typed, double-spaced, and <u>no mo</u>	re than one page statement explaining the following:	
	ection One) that you failed to meet the SAP requirements (include dates as and/or courses for which you were unsuccessful, withdrew, and/or). Be specific but concise.	
2. Describe what has changed in your any past issues, and how you will over	situation, steps you have taken to improve, how you have overcome rcome any future issues.	
3. List your current career goals and e	xplain how enrollment at HCC will help you meet these goals.	
documentation required for appeal reason	n to support your claim(s) you make in your appeal letter. Refer to 1 in Section One for guidance. If applicable, a Release to Return to 1 when mentioning therapy or medical reasoning.	
SECTION SIX: Counseling Session		
Follow the steps below to complete the SAP	counseling session:	
1. Visit <u>https://hagerstowncc.get-cou</u>	nseling.com/ and create an account or log-in	
2. Complete the "Satisfactory Academ	ic Progress (SAP) Counseling" session	
3. Print a copy of the "Congratulations of completion.	s" page once successful passed and provide it with this appeal as proof	

By signing this form, I certify that the information provided for my appeal is true and accurate. If requested, I agree to provide additional documentation to support the claims I have made in my appeal.