



SAP Committee Appeal Form

Student's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

Federal regulations require all financial aid recipients to maintain Satisfactory Academic Progress (SAP). HCC has established guidelines to comprehensively and cohesively measure whether a student is satisfactorily progressing towards completion of his or her program of study. SAP includes both quantitative and qualitative measures. Standards of SAP determine continued eligibility for aid.

SAP measurements include all previous academic history, even if the student did not receive financial aid. Statuses are updated at the end of each semester, including summer. It is the student's responsibility to monitor academic progress. Although the Financial Aid Office attempts to send students correspondence informing them of their status, students who do not meet the standards will be ineligible for financial aid even if they do not receive correspondence.

Details of the SAP policy, measurements, and appeal procedures can be found online at <http://www.hccs.edu/district/students/financialaid/satisfactory-academic-progress/>

This appeal form is available to students who completed the initial appeal process and received a denied decision from a financial aid professional. HCC has developed an additional option of having their appeal reviewed by a committee of non-financial aid professionals. A student has the right to submit this final appeal of their unsatisfactory determination by completing this form and providing documentation to support their appeal.

The decision of the committee is final and cannot be overturned by any administrator or executive at the college.

It is highly recommended that students meet with a financial aid advisor to go over their recent denial of the prior appeal before submission of this committee appeal.

Date initial appeal was denied: _____

Reason for denial provided by the financial aid office:

- Credits not completed – Not making sufficient progress toward degree or certificate
- No extenuating circumstances
- Insufficient supporting documentation
- Documentation does not support unsuccessful time period(s)
- Other: _____

Semester Appealing:

- Fall 20__
- Spring 20__
- Summer 20__



Student's Name (PRINT): _____ Phone: (_____) _____

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(9-digit number required) (Primary location of attendance)

PLEASE SELECT REASON FOR APPEAL (MUST CHECK ONE):

___ GRADE POINT AVERAGE (GPA)

Students must maintain a 2.0 cumulative GPA.

___ COMPLETION RATIO

Students must complete at least 67 percent of the hours in which they enroll each academic year. All coursework attempted will be evaluated when determining SAP.

___ MAXIMUM TIME FRAME

Students receiving financial aid funds will be expected to complete their HCC educational program within 150% of the published length of the academic program or certificate to include all transfer credit hours (including developmental classes).

Students may request to have their maximum timeframe extended under the following circumstances:

- ___ Program of study has changed from _____ to _____
- ___ I have an Associate's Degree and am pursuing a dual or second degree or certificate.
- ___ I have earned a Bachelor's Degree (or higher) and am pursuing another degree or certificate.
- ___ Other (Please explain) _____

Important: A student must declare a certificate or degree and only enroll in classes that are on the approved academic advisement plan. The student is responsible for informing the Financial Aid Office of any updates or changes to academic advisement plan.

If a student chooses to submit an appeal, a typed explanation detailing the unusual or extenuating circumstances that prevented the student from being successful in their courses must be provided below. The appeal must also describe the actions taken to prevent future recurrence of not meeting academic progress.

***REASON FOR SUBMITTING A COMMITTEE APPEAL (DETAIL EXTENUATING CIRCUMSTANCES)**

Type on a separate sheet and attach to this Form.

***STEPS TAKEN TO PREVENT FUTURE OCCURENCES OF UNSATISFACTORY COURSE COMPLETION**

Type on a separate sheet and attach to this Form.



Student's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

Supporting documentation MUST be submitted to support the reason(s) for appeal. An appeal will be denied without sufficient supporting documentation. Documents must be legible, relatable to reason, and should support the timeframe in which academic progress was not met. Please check the type of supporting documentation you are submitting with this form (click on all that apply):

- Medical documents or statement regarding an accident;
- Injury or illness confirmed by a doctor or statement from a non-family member;
- Certificate of death of a family member;
- Divorce decree;
- Proof of unemployment
- Character reference if reasons are not documentable
- College Transcript or Academic Advisement Report (used to show what is still needed for completion-required for 150% appeals)
- Other: Specify _____

The extenuating circumstances must support (cover) ALL periods of enrollment in which you did not successfully complete classes. Failure to provide sufficient supporting documentation may result in the denial of your appeal request.

Submitting an appeal for reinstatement of your financial aid eligibility does not guarantee that reinstatement will be granted. **The average time to review an appeal is two to four weeks.** You will be notified of the final decision concerning your appeal via email. You **must** make other payment arrangements to cover your tuition, fees and other expenses if you wish to enroll prior to review of your appeal.

Certification

By electronically signing, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

I understand the current HCC Satisfactory Academic Progress requirements and the reasons why I did not make progress. I understand that it is not a guarantee that my appeal will be approved and if I am registered in classes I must make arrangements to pay any costs for the classes should I choose to attend before receiving the appeal results. **Furthermore, I understand that the decision of the HCC Financial Aid Appeals is final.** I will be contacted vial my HCC email regarding the committee's final decision.

Student Signature: _____ Date: _____