

APPEAL FOR SATISFACTORY ACADEMIC PROGRESS
2009-2010



To be considered for financial aid, students must meet our standards of academic progress (SAP). (Please review SAP procedures at www.pbcc.edu/sap.xml.) Only students with extenuating circumstances will be considered under this review process, otherwise the appeal will be denied. Such extenuating circumstances include, but are not limited to:

- Serious illness
- Documented medical condition leading to failed grade (s)
- Death of an immediate family member (father, mother, sister or brother)
- Involuntary call to active military duty
- Documented change in conditions of employment
- Other emergency circumstances or extraordinary situations (such as national disasters)

I am appealing due to failure to meet the following financial aid standard of academic progress (please check below)

GPA under 2.0 Attempt completion percentage less than 67% Excessive credits attempted for degree

Term appealing for: Fall 20 __ Spring 20 __ Summer 20 __

In support of your appeal, please explain on a separate sheet your unusual or specific extenuating circumstances that you believe warrant a review of your appeal. (ALL STATEMENTS MUST BE TYPED.)

APPEALS WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE PROCESSED AND WILL BE DENIED. Please note: for all limited access programs of study such as BAS or Nursing, proof of acceptance is required).

This section is to be completed by the **student**.

Name: _____ PBCC I.D.#: _____ Phone:(____)_____

Address: _____

By signing below, I hereby affirm that I have read and agreed to the mandatory appeal conditions set forth by the Financial Aid Office, which state that if I withdraw/fail/or receive a non-passing grade in any of my courses my future SAP appeal *will be denied*. Such conditions include: (a) I must complete all course work attempted and maintain a minimum 2.0 GPA, (b) I must not withdraw, audit, or fail ANY courses and I am aware that doing so will result in cancellation of the appeal, (c) I understand that financial aid will NOT pay for courses that are NOT REQUIRED for my program.

Signature: _____ Date: _____

This section is to be completed by **Academic Advising**.

In compliance with federal regulations, financial aid can only be used for classes that apply toward the student's educational plan. I certify that the student named above needs the following to complete the specified program at PBCC:

1. Degree/Certificate Program: _____

2. Number of credits remaining to complete program (*required*) (including current semester): _____

3. The student must take the following preparatory classes: _____

4. Currently enrolled courses not counted toward PBCC objective: _____

Name: _____ Advisor's signature: _____ Date: _____