New England College

2012-2013 Satisfactory Academic Progress Appeal Form

Student's Name:_____ Student's NEC ID #: _____

Satisfactory Academic Progress is reviewed each term to measure a student's completion of coursework toward their degree. Students must make both quantitative (pace) and qualitative (GPA) progress toward their program each semester to receive financial aid. Students who do not maintain the minimum standards for grade point average and pace of progression may lose their eligibility for federal, state and/or institutional financial aid. All financial aid applicants are subject to the satisfactory academic standards whether or not they have received financial aid previously.

Students failing to meet Satisfactory Academic Progress due to extenuating circumstances may appeal the termination by submitting this complete Satisfactory Academic Progress Appeal form to the Student Financial Services Office within 14 days of notification of termination. Appeals will be reviewed by a committee within 14 days of receipt. Incomplete appeal forms or missing supporting documentation not received within the 14 day timeframe will result in a denied appeal. Decisions regarding appeals will be made in writing to the student.

Submit the following for your appeal:

1. **Complete Appeal Form**
2. **Detailed statements explaining the circumstance that caused you to not meet SAP and how you will achieve the required grade point average or course completion rate during the following term**
3. **Supporting back up documentation of the circumstance**

REASON FOR APPEAL	☑	REQUIRED DOCUMENTATION
Medical/Illness/Learning Disability		Note from licensed professional or Director of Disbabilities
Military Activation		Copy of military orders
Change in employment conditions		Proof of change of hours or notice from employer
Death of an immediate family member		Obituary
Change of major		Audit of remaining course requirements
Other extenuating circumstances		Supporting documents applicable to the circumstance

CERTIFICATION : Completion of this form does not guarantee an approval.

The information provided on this form is complete and accurate. I understand I am responsible for payment of charges if I am ineligible for financial aid.

Student Signature_____ Date_____

OFFICE USE ONLY

Granted: Yes No	Reviewed by: Date:	Comments:
Student has the ability to meet SAP by the end of the next semester: Yes No	GPA needed to meet SAP:_____ Completion rate needed:_____	Student in on a academic plan: (Attach) Yes No