



LUNA COMMUNITY COLLEGE
OFFICE OF STUDENT FINANCIAL ASSISTANCE
366 LUNA DR • LAS VEGAS, NM 87701
PHONE: 505-454-5324 • FAX: 505-454-2539

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Incomplete appeals will not be processed and may be denied.

LCC ID: _____ SSN: _____ Phone #: _____

Student's Name: _____
Last First Middle

Mailing Address: _____
Street/ PO Box City State Zip

Program of Study: _____ Date of Graduation: _____
Certificate/ Degree Semester/ Year

Semester you are appealing to receive aid
 (SAP is reviewed each semester so only indicate one): Fall 20 _____ Spring 20 _____ Summer 20 _____

Reason(s) for appeal (Check all that apply) and include the required documentation:

ACADEMIC PROGRESS – Appeal for reinstatement of financial aid due to poor academic progress as outlined in the Financial Aid Satisfactory Academic Progress Policy.

PLEASE ATTACH:

- **A typed letter of appeal** that describes in detail the unusual circumstance that prevented you from making satisfactory academic progress. Unusual circumstances can include but are not limited to death of a relative, divorce, injury, illness, etc. The level of difficulty in a course, dislike of an instructor or teaching methods used, and/or the length of time that has passed since you last attended school does **NOT** qualify as unusual circumstances.
- **In addition** to your typed statement, please provide any supporting documentation you may have from an objective third party such as a physician, counselor, lawyer, social worker, or religious leader on letterhead and signed with a wet signature. Other documents that you could submit include a copy of a death certificate, an obituary, divorce decree, etc.

FINANCIAL ASSISTANCE TIMEFRAME – Appeal for reinstatement of financial aid when you are close to or have exceeded the allowed timeframe as outlined in the Financial Aid Satisfactory Academic Progress Policy without receiving a certificate or an Associate's Degree; **OR** you are requesting to be considered for aid for a second certificate or degree.

PLEASE ATTACH:

- If appealing for a second certificate or degree, please provide proof of an awarded certificate or Associate's Degree.
- **A typed letter of appeal or statement** that explains why you did not accomplish a certificate or degree within the allowed timeframe, including extenuating circumstances that impacted your academic progress. Please include reason for any withdraws, repeat coursework, or change of programs.
- A copy of your PASSport signed off by your advisor, showing which semester(s) you will be completing the courses you lack. If you have course substitutions approved, please provide that documentation as well.

The Financial Aid Appeals Committee will meet prior to the start of each semester. Because this process takes time, you may not be notified of the Committee's decision until after classes have started. Students submitting appeals need to make arrangements for payment of tuition, fees, and books. If you are approved, your file will be processed in the same manner as all other financial aid files. Your file will not have special handling due to your appeal. Your signature indicates that you are aware of all documents required to be submitted, the deadline dates, and your responsibility for payment for tuition, fees, and books.

The appeal decision will depend on the nature of the circumstances, the quality of the documentation provided, and how well the student has displayed the ability to progress towards program completion within the remaining allowed timeframe. Students will be notified of the appeal decision in writing. **The decision of the appeal committee is FINAL. The committee WILL NOT review incomplete appeals that are lacking a statement or necessary supporting documentation.**

Priority Deadlines

Please submit appeal form by dates listed below to ensure your appeal is processed before classes begin.

Fall Semester – July 31st
Spring Semester – January 6th
Summer Semester – May 15th

By signing this worksheet, I certify that all the information reported is complete and correct. Because this information may affect federal aid eligibility, purposely giving false or misleading information may be cause for the denial of my appeal.

Your signature must be handwritten; typed and electronic signatures are not acceptable.

Student's Signature: _____ Date: _____

Return this form, your typed statement, and any supporting documentation to:
Office of Student Financial Assistance
366 Luna Dr.
Las Vegas, NM 87701

FINANCIAL AID USE ONLY:

Comp Rate: _____ GPA: _____ Attempted Hrs: _____ Remedial Hrs: _____ Max Hrs: _____ Remaining Hrs: _____

___ *Approved* – Student is currently meeting all minimum SAP requirements. Status is OK.

___ *Approved on Probation:*

- Must make academic progress. Cumulative GPA MUST be a 2.0 or higher by the end of the _____ semester.
Pace of Completion must be at 80% or higher.

___ *Approved on an Academic Plan:*

- Must complete all courses enrolled for with a minimum _____ GPA.
- Must make academic progress. No Withdraws, Incompletes, Us or Fs. Continue to improve Pace of Completion.
- Must be meeting minimum SAP requirements by _____.
- Reinstated through _____. (If you fail to pass the required courses indicated on your degree check with a 2.0 GPA or higher during this period, your financial aid will be suspended and subsequently denied.)

___ *Denied*

Additional Comments:

Date: _____