



FINANCIAL AID OFFICE

366 Luna Drive • Las Vegas, NM 87701

(505) 454-2560 • (800) 588-7232 ext. 1036

FAX: (505) 454-2539 • EMAIL: [finaid@luna.edu](mailto:finaid@luna.edu)

# Satisfactory Academic Progress (SAP) Appeal Form

Print Student's Name

LCC ID #

Student's LCC Email Address

Student's Phone Number (include area code)

Indicate below which semester you are requesting to appeal for (only one):

Fall 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_

Summer 20 \_\_\_\_\_

**SAP Appeal Deadline: 3<sup>rd</sup> Friday of the Semester**

Students who fail to meet the standards outlined in Luna Community College's Satisfactory Academic Progress (SAP) Policy have the option to submit an appeal if academic deficiencies were a result of an extenuating circumstance. The appeal decision will depend on the nature of the extenuating circumstance, 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. ALL APPEALS MUST INCLUDE THE FOLLOWING 4 ITEMS:**

- ☐ **This form, signed** demonstrates that you acknowledge all steps have been completed and each item has been attached.
- ☐ **A typed letter of appeal** that describes in detail **(1)** the extenuating circumstances that prevented you from making satisfactory academic progress, **(2)** how those circumstances have changed, and **(3)** your plan to ensure you are successful in the upcoming semester(s). The letter of appeal must include relevant dates. **Extenuating circumstances can include but are not limited to:** death of a relative, divorce, injury, illness, or other circumstances beyond your control. *The level of difficulty in a course, dislike of an instructor or teaching methods used, and/or length of time that has passed since you last attended school does NOT qualify as an extenuating circumstance.*
- ☐ **Supporting documentation on official letterhead and signed with a wet signature** from an objective, professional third party such as a physician, counselor, lawyer, social worker, religious leader, etc. Other documents that you could submit include a copy of a death certificate, an obituary, divorce decree, court documentation, police report etc.
- ☐ **Academic plan signed by your LCC academic advisor** indicating they reviewed with you the courses still needed to complete your degree or certificate. Please include documentation for any approved course substitutions.

By signing this form, I acknowledge that I have read and understand the information on this form. I certify that all information submitted is true to the best of my knowledge, that all copies are unaltered, and that I have appropriately attached all supporting documentation. I have read and understand the Satisfactory Academic Progress (SAP) Policy and understand that submitting this form does not guarantee that my request will be granted. **Signatures must be handwritten.**

Student Signature Required

Date