

FINANCIAL AID OFFICE

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Satisfactory Academic Progress (SAP) **Appeal Form**

Print Student's Name	LCC ID #	ŧ
Student's LCC Email Address	Student	t's Phone Number (include area code)
Indicate below which semester you	a are requesting to appeal for	(only one):
Fall 20	Spring 20	Summer 20
SAP	Appeal Deadline: 3 rd Friday of	f the Semester
have the option to submit an appeal is decision will depend on the nature of t well the student has displayed the a	f academic deficiencies were a re he extenuating circumstance, the ability to progress towards pro	llege's Satisfactory Academic Progress (SAP) Policy esult of an extenuating circumstance. The appeal equality of the documentation provided, and how gram completion within the remaining allowed he decision of the appeal committee is FINAL.
The committee WILL NOT review inco	mplete appeals. ALL APPEALS M	UST INCLUDE:
This signed form that demo	nstrates that you acknowledge	e all steps that must be completed.
satisfactory academic progres successful in the upcoming sen relative, divorce, injury, illness,	ss, how those circumstances ha mester(s). Extenuating circumstar , etc. The level of difficulty in a co	g circumstances that prevented you from making ave changed, and your plan to ensure you are notes can include but are not limited to: death of a burse, dislike of an instructor or teaching methods ended school does NOT qualify as an extenuating
social worker, religious leader,		nird party such as a physician, counselor, lawyer, gned with a wet signature. Other documents that uary, divorce decree, etc.
		with you and signed off on what courses are still ave course substitutions, please provide that
information submitted is true to the b attached all supporting documentation	est of my knowledge, that all con. I have read and understand the	the information on this form. I certify that all pies are unaltered, and that I have appropriately a Satisfactory Academic Progress (SAP) Policy and request will be granted. Signatures must be
Student Signature Required		