

**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**

Satisfactory Academic Progress Appeal Form

Students who fail to meet the standards of Satisfactory Academic Progress (SAP) 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 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**

Student's Name: _____ **LCC ID:** _____
Last First

Mailing Address: _____
Street/ PO Box City State Zip

LCC EMAIL: _____ **Phone #:** _____

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

Check the semester for which you are requesting an appeal (only one):

☐ Fall 20_____ ☐ Spring20_____ ☐ Summer 20_____

Check the reason you are requesting an appeal (check all that apply)

☐ **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:

- 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 withdrawals, 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.
- If appealing for a second certificate or degree, please provide proof of an awarded certificate or Associate's Degree.

CERTIFICATION STATEMENT

By signing this worksheet, 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. Your signature must be handwritten; typed and electronic signatures are not acceptable.

Student's Signature: _____ **Date:** _____
(Original Signature Required)

FINANCIAL AID USE ONLY:

___ **Approved:**

- ☐ Student is currently meeting all minimum SAP requirements. Status is OK.

___ **Approved on Probation-Must demonstrate 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 demonstrate Academic Progress, if you fail to complete the conditions of your Academic Plan during this period, your financial aid will be suspended and subsequently denied.**

- ☐ Must complete all courses enrolled for with a minimum _____ GPA.
☐ No Withdraws, Incompletes, Us or Fs. Continue to improve Pace of Completion.
☐ Must be meeting minimum SAP requirements by _____.
☐ Reinstated through _____.

___ **Denied**

Additional Comments:

Committee Member Signature

Date

Committee Member Signature

Date

Committee Member Signature

Date