



MANCHESTER  
COMMUNITY  
COLLEGE

**2017-2018  
Satisfactory Academic  
Progress Appeal Form**

Students who fail to meet standards of Satisfactory Academic Progress (SAP) will be placed on Financial Aid Warning. Students who do not comply with SAP guidelines during a semester following their initial Warning term may appeal the suspension of their financial aid eligibility by completing this form.

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

In the space below (or in an attached statement), please describe the extenuating circumstances that contributed to your failing to meet the minimum standard(s) for satisfactory academic progress.

Extenuating circumstances for an appeal of satisfactory academic progress would typically include:

- Documented extended illness or hospitalization of student
- Incapacitation of the student for an extended period of time
- Death or illness of an immediate family member resulting in additional family responsibility by the student

Common situations that may NOT be considered as unusual circumstances and as a valid reason to make an appeal include:

- Family difficulties, such as divorce, separation, or financial problems
- Interpersonal problems with friends, roommates, significant others, or teachers
- Difficulty balancing work or family responsibilities and school
- Transportation issues, such as mechanical issues or bus schedules

**Only appeals with supporting documentation will be considered.** Acceptable forms of supporting documentation include statements from physicians or other health professionals, members of the clergy, and family members.

Please explain the reason for appealing. Write neatly and legibly. Attach additional pages if necessary.

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Please provide a detailed explanation of what has changed that will allow satisfactory progress to be demonstrated at the next evaluation:

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**After the committee reviews your appeal and if it is approved, you will be meeting with a Financial Aid Administrator. During this meeting, an agreement will be made and details provided below.**

Agreement made by student and Financial Aid Administrator to plan for future success:

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Student Signature: \_\_\_\_\_

Financial Aid Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_