SATISFACTORY ACADEMIC PROGRESS APPEAL

I. Student Information

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address: ____________________________
City: ____________________________
State & Zip: ____________________________

Current Phone Number: ____________________________

Email Address: ____________________________

Student ID: ____________________________

☐ Traditional  ☐ CAPS  ☐ Graduate

II. Justification for Appeal

If you believe your academic performance was influenced by unusual or mitigating circumstances (i.e., illness, accident, or hospitalization; or other family emergencies), you have the option to appeal. Documentation must be provided.

All appeals should include a legible statement that includes the following:

- Clearly explain how the circumstances prevented you from meeting SAP Standards.
- Provide relevant dates and address semesters in which you demonstrated poor academic performance. Explain how you will be able to meet the SAP Standards in the future.

Please use the following space to write your appeal.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
II. Justification for Appeal (continued)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student Certification:

I understand that this appeal is subject to review by the SAP Appeals Committee and that approval or denial of this appeal will be based on the information included (and/or attached). **Appeals that are incomplete, illegible, or lack supporting documentation will be denied.** I also understand that any financial aid that is currently posted for the semester for which I am appealing will not be applied or disbursed unless this appeal is approved. I further understand that I may apply for financial aid in anticipation of the approval of my appeal and, if approved, my aid will be awarded based on my eligibility. I will be notified of the results of my appeal via institutional email.

Student Signature: ___________________________________________ Date: ________________

III. Submission Method—Submit all appeals by mail, fax, or email to:

North Greenville University
Financial Aid Office
P.O. Box 1892
Tigerville, SC 29688

Fax: 864.977.7342
Email: finaid@ngu.edu

Office Use Only

Date received by FA: ______________________
FA Comments: ___________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date sent to Committee: ____________________
Committee Decision: ☐ Approved ☐ Denied Date: ____________________
Committee Chair Signature: _________________________________________________________________