



Satisfactory Academic Progress Appeal Form

Federal law requires students receiving federal student aid to maintain satisfactory academic progress as defined by the institution. Satisfactory Academic Progress is separate from academic probation and suspension. In order for your appeal to be considered, this form must be submitted along with proper documentation to the Financial Aid Office. If an appeal is approved, it will be for a specific program and for a specific time period. **Incomplete forms will be denied.**

A copy of this form will be mailed to the address listed below once a decision has been made.

Name

ID Number

Address

City, State, Zip

I understand that I do not meet the Satisfactory Academic Progress (SAP) Standards at Jones County Junior College. I am appealing the decision due to personal mitigating and/or extraordinary circumstances. Please check which following circumstance(s) apply:

Do you have a Bachelor's Degree? · Yes · No (If yes, you are NOT eligible for Pell Grant funds.)

- Personal/Immediate family medical illness (Attach medical documentation)
- Personal/Immediate family injury (Attach medical documentation)
- Death (Attach copy of death certificate or obituary)
- Natural Disaster (Attach documentation)
- Other Unusual Circumstances – Please describe _____

Please indicate which term you plan to enroll. PLEASE CHECK ONLY ONE.

- Fall _____(Year)
- Spring _____(Year)
- Summer _____(Year)

Specify the final term that you anticipate attending JCJC. PLEASE CHECK ONLY ONE.

- Fall _____(Year)
- Spring _____(Year)
- Summer _____(Year)

Have you attended any other college(s) beside JCJC?

- Yes If yes, please specify the name of each college _____
- No _____

If erroneous or false data is listed on this form, the appeal will be denied. Approval of this Satisfactory Academic Progress Appeal does not automatically entitle you to financial assistance. All other financial aid requirements must be met in conjunction with this appeal.

FOR OFFICE USE ONLY:

DATE: _____ HOURS _____ GPA _____ 67% COMPLETION RATE

ACTION TAKEN: _____ APPROVED _____ DISAPPROVED

BEGINS:

- FALL 20____ APPEAL ENDS _____
- SPRING 20____ APPEAL ENDS @ 96 Hours
- SUMMER 20____

- APPLIES TO CURRENT MAJOR ONLY _____
- STUDENT MUST MAINTAIN A 2.00 GPA
- OTHER STIPULATIONS _____

SIGNATURE OF FINANCIAL AID DIRECTOR: _____

What extenuating circumstance(s) prohibited you from meeting Financial Aid Satisfactory Academic Progress requirements? Failure to address extenuating circumstance(s) will result in the denial of your appeal.

How has your situation changed that will allow you to meet Satisfactory Academic Progress in the future?

Explain your current major.

I affirm, under penalty of perjury that the information on this form is true and correct without misrepresentation.

I understand that a second appeal may only be approved under extreme situations.

Financial aid suspension does not prevent you from attending classes. However, if your appeal is denied you will be responsible for charges incurred at JCJC.

If you possess supporting documentation and choose not to submit it, your appeal may be denied due to lack of documentation.

By signing below, I am indicating that I have read the entire form and I agree to follow the guidelines stipulated in this Appeal.

| | |
|---|------------------------------------|
| Student Signature | Date |
| Mailing Address: JCJC Financial Aid Office Ellisville, MS 39437 | Fax Number: 601.477.4211 |

*You are required to complete the attached sheet for proper academic advisement to develop your plan for academic success. **Consulting with a counselor/advisor does NOT guarantee approval.***

You are expected to comply with the attached academic plan. Changes to the academic plan are to be reported to the Financial Aid Office.

Please note that summer courses are conducted at an accelerated rate and in a condensed time frame.

ACADEMIC PLAN

Student's Name: _____ School ID: _____

Current Major: _____

- ***Please list only courses REQUIRED per semester to complete the current program.***
- **Classes listed below should be required for your current program of study.**

Example: SEMESTER Fall 2011 – BIO 1134 - Biology I.

| | |
|----------------|----------------|
| SEMESTER _____ | SEMESTER _____ |
| SEMESTER _____ | SEMESTER _____ |
| SEMESTER _____ | SEMESTER _____ |

ADVISOR/COUNSELOR ONLY:

Number of remedial hours (cannot exceed 30 attempted hours) _____

Projected Graduation Date: _____

Advisor's Signature: _____ Date: _____