



Office of Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Student's Name: _____

Student ID#: _____ Telephone #: _____

Student's SCLTC Email: _____

Please indicate the semester and year for which you are requesting reinstatement:

Fall ____ Spring ____ Summer ____

1. Indicate how you failed to meet SAP standards which are required:

2. When did the problem occur? How long did it occur?

Student ID # _____

3. What steps have you taken or will take to improve your academic performance?

Please Attach Documentation if Available. You will receive a response on your LOLA account as soon as the committee has met and made a decision. Your new SAP status will read one of the following after a decision has been made: Appeal Granted, Probation, or Appeal Denied.

Student's Signature _____ Date _____

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