Student ID #

_____

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

Student's Name: _____

Student ID#: _____ Telephone #: _____

Student's FTCC/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:

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

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Student ID # _____

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

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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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