



Satisfactory Academic Progress Financial Aid Appeal Form

Name _____

BSCC Number _____

Major _____ Credit Hours Needed for Graduation in Program _____ Semester planned for enrollment _____

Term	Review Deadline
Fall 2024	August 13, 2024
Spring 2025	January 6, 2025
Summer 2025	May 19, 2025

Have you previously submitted a Satisfactory Academic Progress Appeal? Yes No

Have you previously completed a degree or certificate at Bevill State Community College or any other college? Yes No

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas- cumulative GPA, hours earned/completion percentage, and maximum time limit- to be eligible for federal financial aid. Please review our complete SAP policy at www.bscc.edu/students/financial-aid/satisfactory-academic-progress.

Submission of a SAP Appeal does not guarantee reinstatement of Financial Aid eligibility. Appeals and supporting documents must be submitted to the Financial Aid Office prior to the review deadline for the upcoming semester.

- All documents submitted are the property of the Office of Financial Aid Services and will not be returned to students.
- Students will be notified via Bevill State e-mail regarding the Financial Aid Committee’s decision. *Please note: results may take up to 30 days and all decisions made by the Financial Aid Appeals Committee are final!
- Please be advised that incomplete appeals will not be reviewed by the Financial Aid Committee and will result in an automatic denial.
- It is the student’s responsibility to stay informed of the SAP standards and to monitor their own progress on their oneACCS account.

REINSTATEMENT REQUEST

Please indicate with a check mark which situation applies to your academic situation:

Medical: You must provide documentation from a medical professional from whom you have received treatment.

Death/Illness: Please include appropriate copies of medical records or death certificate.

Military Service: Documentation of orders from commanding officer.

Other Circumstances: You must clearly state the circumstances and provide documentation.

Please Note: Circumstances related to the typical adjustment to college life such as working while attending school, financial issues related to paying bills, and transportation are not considered extenuating circumstances for the purpose of filing this appeal.

APPEAL REQUIREMENTS

1. Please attach a typewritten **explanation** of unusual circumstances associated with unsatisfactory academic progress. Indicate how these circumstances have changed so that you can comply with regulations in the future.

2. You will need to schedule an appointment with your academic advisor and have an **Education Plan** completed which is attached to this form.

3. You will need to provide supporting **documentation** of your unusual or mitigating circumstances that prevented you from maintaining Satisfactory Academic Progress.

APPEAL RESULTS & STUDENT ACKNOWLEDGMENTS – PLEASE READ AND SIGN

If my appeal is DENIED, by signing below I understand that decisions are processed on a case-by-case basis and the committee may deny any SAP appeal. I understand the appeal committee’s decision is final.

If my appeal is APPROVED, by signing below I understand that I must complete ALL courses with a “C” or better, with no withdrawals from classes and only register for the classes included in my Education Plan. Additional courses or program changes are not allowed during this timeframe without prior approval.

Signature _____

Date _____

EDUCATION PLAN
UNTIL DEGREE IS EARNED

Name: _____

Student Number: _____

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

EDUCATION PLAN

Name: _____

Student Number: _____

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

Semester: _____

Course Prefix	Title of Course	Credit Hours

Projected Graduation Date: _____

Advisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____