



Satisfactory Academic Progress Appeal Form

Appeal Deadline: Your Satisfactory Academic Progress (SAP) appeal *must be received by the deadlines listed below; check the appropriate term of your appeal.*

Fall semester 2018

Deadline: Sept. 14th

Spring semester 2019

Deadline: Jan. 14th

Summer semester 2019

Deadline: May 13th

Are you currently Attending LMC : NO YES Last semester you attended at LMC : _____

Step #1: Student Information

| | | | |
|---|---------------------|---|--------------------------------|
| LMC Student ID # | Student's Last Name | Student's First Name | MI |
| Address | City | State | Zip |
| Program of Study | Phone Number () | Email Address (other than school email) | |
| To support you and make sure that you are meeting academic progress standards, students are required to meet with their Academic Advisor for a mid-term check-in while on WARNING. Did you meet with your Advisor in the previous semester that you were placed on WARNING for a mid-term check-in? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Students have the right to appeal the loss of financial aid due to not meeting the Satisfactory Academic Progress Policy. The U.S. Department of Education regulations (34 CRF 668.34) state that you must meet one of the following criteria to appeal your suspension from financial aid:

(1) Death of a relative of the student; **(2)** Injury or illness of the student; **(3)** Other circumstances that result in undue hardship to the student

Step # 2: Schedule an Appointment with your Academic Advisor

IMPORTANT: Set up an appointment to discuss your Student Success Plan with your Academic Advisor by calling 269-927-8128.

Step # 3 : Personal Statement and Documentation

Please answer the following questions. Use a separate sheet of paper. A one sentence response is not acceptable.

1. Explain the extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress standards and what has changed to allow you to meet SAP standards at your next evaluation period. (Refer to the Satisfactory Academic Progress Policy on page 166 of the college catalog).
2. Provide third-party documentation on professional letterhead to support your appeal. A third-party is someone not related to you (clergy, social worker, case worker, counselor, doctor) who is familiar with your situation and can support the reason for the appeal. **See the back side of this form for examples of acceptable types of third-party documentation that can be used to substantiate the basis of your appeal.**

Student Certification

I certify that all information and documentation I have submitted pertaining to this appeal is true and accurate.
I understand that the decision of the Financial Aid Appeal Committee is final.

Student Signature

XXX-XX-_____
Last 4 digits of SSN

Date

SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

| Circumstance | | Documentation (please provide at least one of the following) |
|---|---------------------------|--|
| Medical Condition (Any letter(s) should state the nature of your illness/injury, the date(s) of occurrence, and that you are able to return to school.) | Surgery/Hospitalization | *Letter stating doctor advised period of recovery *Record of doctor visits *Hospitalization records *Copies of medical bills documenting illness/injury |
| | Mental Health Issue | *Letter from doctor, therapist, or counselor |
| | Dental Emergency | *Record of dental visits *Letter from dentist *Letter stating dentist advised period of recovery |
| Student's Children | Child's Medical Condition | *Records from daycare/school that child was required to be kept home (include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future) *Records from doctor visits *Letter stating doctor advised period of recovery *Hospitalization records |
| | Daycare Issue | *Letter from former daycare provider *Letter from new daycare provider |
| Additional Circumstances | Death of a Loved One | *Obituary *Funeral program *Death certificate *Letter from counselor *Documentation should include date and indicate relationship to the deceased |
| | Eviction | *Eviction notice *Letter from transitional housing program |
| | Assault/Domestic Abuse | *Police report *Court documentation *Letter from clergy, social worker, counselor, doctor |

ONLY COMPLETE APPEALS WILL BE FORWARDED TO THE APPEAL COMMITTEE FOR REVIEW

- *Submit your appeal form and supporting documents to the Financial Aid Office or email your complete packet to: finaid@lakemichigancollege.edu; ensure all documents supporting your claims are attached to this appeal.*
- *The Appeal Committee reserves the right to deny your SAP Appeal for unsubstantiated extenuating circumstances.*