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## Satisfactory Academic Progress Appeal Form

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In order to receive financial aid, students must meet Satisfactory Academic Progress Standards. At Lake Michigan College, the following academic and completion standards apply to all students taking classes:

- Maintain a cumulative GPA of 2.0 or greater,
- Successfully complete 67% of all attempted credits,
- Complete their designated program within 150% of the program length. For example, if a student is enrolled in a 60 credit hour program, they must complete the degree by taking no more than 90 credit hours. This may include credit hours that are transferred from other institutions.

If a student does not meet these Standards, they will be placed on 1 semester of “Warning”. The student will be eligible for aid during that term. If a student does not meet these Standards for a second term, the student will lose financial aid eligibility.

A student can regain eligibility in one of two ways:

- Meet the Standards (raise their GPA or Completion Rate to meet the Standard), or,
- File a SAP Appeal with the Lake Michigan Financial Aid Department and have the appeal approved. Please know that not all appeals are approved. To be eligible, an appeal must demonstrate some situation that was beyond the student’s control and somewhat unique in nature. Examples include: change in work schedule, death of a close family member, illness of the student, etc. Situations that are not eligible for an approval include: didn’t study/apply myself, lost interest, etc.

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### **To file an appeal, please complete the following steps:**

- Complete the SAP Appeal Form,
- Provide a detailed letter explaining the extenuating circumstances that occurred, why the SAP Standards were not met, and what has changed in your circumstances that will now allow you to meet standards. Please provide an explanation for each term that SAP was not satisfactorily met.,
- Meet with your Advisor to complete the appeal form and create an academic plan,
- Submit the SAP Appeal Form and all supporting documentation to the LMC Financial Aid Forms email at [FAforms@lakemichigancollege.edu](mailto:FAforms@lakemichigancollege.edu) .

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*Once all the necessary information has been received by the Financial Aid Office, the appeal will be reviewed, and a decision communicated to the student within 10 business days. The outcome of the appeal will be communicated through WaveLink in your Financial Aid tab.*

## Satisfactory Academic Progress Appeal Form

First Name: _____	Last Name: _____	LMC Student ID: _____
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### SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

Check which best fits your situation	Include this type of documentation
<input type="checkbox"/> Death of an immediate family member (spouse, child, parent, sibling, or legal guardian of the student).	Obituary or death certificate. Please outline/document your relationship to the deceased.
<input type="checkbox"/> Change in work schedule that occurred AFTER the semester began and substantially interferes with your ability to attend class.  (Starting a new job does not apply.)	A letter or other documentation from your employer, on their letterhead, specifying the exact changes in your work schedule.
<input type="checkbox"/> Medical Condition. This would include a licensed doctor diagnosed medical condition. This condition should not have been present/diagnosed at the beginning of the term or must show the condition worsened during the course of the term.	Documentation must support the condition and include start/end date of the condition if appropriate. The doctor should state why you were unable to attend class. Additionally, the doctor should explain what has changed in your condition that would allow you to attend class in the future and be successful.
<input type="checkbox"/> Call to active military duty.	Copy of your orders. To be considered, orders should be dated after the start of the term.
<input type="checkbox"/> Domestic abuse that required you to relocate for a period of time.	Documentation from a counselor or shelter facility.
<input type="checkbox"/> Exceeded Maximum Timeframe limit due to change of major (limit of 2), change in curriculum (per LMC program Director or Registrar), or other approved change per LMC program administrator.	Signed letter from an LMC staff, Registrar, Advisor, Program Director, or other approved 3 <sup>rd</sup> party.
<input type="checkbox"/> Other extenuating circumstance not specified.	Documentation from an independent, 3 <sup>rd</sup> party that would support your explanation.

***Along with all supporting documentation, please attach an Explanation/Description of your situation and outline any improvements, changes, and/or services in place to improve your academic performance. Be sure to address what happened during each semester that you did not meet the SAP Standard.***

***Once you have gathered all of your documentation, you must meet with an advisor to finish completing the form.***

## Satisfactory Academic Progress Appeal Form

First Name: _____	Last Name: _____	LMC Student ID: _____
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### To Be Completed by the Advisor

Has the student received a degree or certificate from LMC in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a reasonable plan for success including manageable hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Current Degree: \_\_\_\_\_

A copy of the student's Academic Plan has been created in conjunction with the student and is active in DegreeWorks. Although courses are assigned to specific terms, based on course availability, the sequencing of courses is not a required part of the Academic Plan.

Advisor Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appeal Terms and Conditions

- I understand that all communication, including the outcome of the appeal, will be communicated to me via my WaveLink account and it is my responsibility to check this account,
- I understand that, if my appeal is approved, I must complete all courses in the term. Withdrawing from a course will be a violation of my appeal approval and will result in the loss of my financial aid,
- I understand that I must complete all of my courses with a C or better. Receiving a lower grade, or an Incomplete will be a violation of my appeal and would result in the loss of financial aid,
- I have discussed my academic plan with my Advisor and agree to follow it.
- I understand that failure to provide the requested information within the designated timeframe will result in my appeal being denied,
- I understand that providing false information for the purpose of receiving financial aid is against federal regulations and could result in the mandated penalty,
- I understand that the Appeal Committee reserves the right to deny your SAP Appeal for unsubstantiated extenuating circumstances,
- I attest that all of the information provided is true and accurate.

I, \_\_\_\_\_, have read and understand all of the above terms and conditions.  
(Student Name)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_