SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Name: __________________________________________                 NCC ID: ______________________________
(Print)    Last                                          First

Financial aid suspension is a result of a student’s failure to meet Satisfactory Academic Progress requirements. These requirements can be viewed at http://nashuacc.edu/images/PDF/financial_aid/1516/1516-SAP-AL-Insert.pdf, in the Financial Aid Student Handbook, or in the current College Catalog. A student can appeal a suspension if he/she had exceptional circumstances and, if the appeal is granted, be placed on Probation until he/she is meeting SAP requirements.

SECTION I:          SAP STANDING - Please see Financial Aid to complete this section.

My SAP suspension is:
☐ Qualitative and Quantitative
☐ Qualitative
☐ Quantitative
☐ Maximum Timeframe

I have been granted Academic Amnesty:     Y    /    N

My CGPA (Cumulative Grade Point Average) is: _____________.  CGPA standards for maintaining SAP are:

<table>
<thead>
<tr>
<th>Total Credits Earned at NCC</th>
<th>Certificate</th>
<th>Minimum CGPA Required for SAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-13</td>
<td>1.50</td>
<td>1.50</td>
</tr>
<tr>
<td>14-27</td>
<td>2.00</td>
<td>1.70</td>
</tr>
<tr>
<td>28-40</td>
<td></td>
<td>1.80</td>
</tr>
<tr>
<td>41+</td>
<td></td>
<td>2.00</td>
</tr>
</tbody>
</table>

I have attempted ________ credits, passed ________ credits, and earned ________ credits and have ________ GPA hours.

I have completed _________________% of all credit hours I have attempted.  In order to meet SAP requirements, a student must complete at least 66.666% of all credit hours attempted.

SECTION II: INSTRUCTIONS TO APPEAL SAP SUSPENSION

Please follow the appropriate instructions below to have your appeal reviewed.

If your suspension was Qualitative and/or Quantitative:
   a. Meet with your Academic Advisor to create and sign a ‘Plan for Success.’
   b. Provide a written statement addressing, by semester, the reasons you did not meet SAP requirements
   c. Provide documentation of any extenuating circumstances you address in your statement.
   d. Complete and sign this plan with your advisor.

If your suspension was Maximum Timeframe:
   a. Meet with your Academic Advisor to create and sign a ‘Plan for Success’ unless you are working on a second degree from NCC then see Section V.
   b. Provide a written statement addressing why you failed to complete your degree within the 150% maximum timeframe.
   c. Provide documentation of any extenuating circumstances you address in your statement.
   d. Provide a program audit which you will need to request from the Registrar’s Office (the audit will be submitted directly to Financial Aid by the Registrar’s Office).
   e. Complete and sign this plan with your advisor.
SECTION III: SAP PLAN - Please meet with your Academic Advising to complete a SAP Plan.

A. My Plan to meet SAP Requirements:

1. QUALITATIVE
   - I need to earn ____________ credits at a GPA of ____________ in order to bring my CGPA to a 2.0.
     (Students with a CGPA below 2.0 must indicate the GPA and number of credits required to bring the CGPA to a 2.0.)
     This GPA includes repeating the following courses: 1. ____________ 2. ____________
     3. ____________ 4. ____________
   - I am meeting the Qualitative SAP standard and will earn a minimum 2.0 GPA each semester.

2. QUANTITATIVE
   - I must earn ____________ credits to meet the minimum 66.666% SAP requirement.
     This includes repeating __________ previously passed credits. I must receive credit for all classes attempted.
   - I am meeting the Quantitative SAP standard and will earn credits for all courses attempted.

3. MAXIMUM TIMEFRAME
   - I must earn credit for all classes attempted and earn a minimum 2.0 GPA every semester; I have ________ credits remaining to complete my degree requirements. I understand if my appeal is granted I am limited to these courses only.

4. RECOMMENDATIONS
   - My advisor has recommended I take a limited number of credits each semester until I am meeting SAP requirements therefore I will take no more than ________ credits each semester.

SECTION IV: SIGNATURES

By signing this form I am confirming that I have met with my Academic Advisor; agreed upon a ‘Plan for Success’ with my Advisor, and agree to the SAP plan stated above.

Student Signature: __________________________ Date: __________________________

By signing this form I am confirming that I met with the student, that we have created and agreed upon a ‘Plan for Success’ and have advised the student on the SAP plan stated above.

Advisor Signature: __________________________ Date: __________________________

SECTION V: STUDENTS WORKING ON A SECOND DEGREE

If your suspension was Maximum Timeframe and you are working on a second degree from NCC then you must provide a program audit. You will need to request the program audit from the Registrar’s Office and the audit will be submitted directly to Financial Aid by the Registrar’s Office.

By signing this form I am confirming I understand that if my appeal is granted I must earn credit for all classes attempted, meet a minimum 2.0 GPA each semester, and that I am limited to the courses required to complete my second degree. I am confirming I have completed a degree at NCC and will be completing a second degree at NCC.

Student Signature: __________________________ Date: __________________________

OFFICE USE ONLY

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

Decision:  ☐ Probation Granted  ☐ Probation Granted with ___ credits maximum  ☐ Probation Granted for Specific Courses
☐ Issue Resolved  ☐ Denied

Approval Signature: __________________________ Date: __________________________