Office of Financial Aid and Student Campus Employment

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

_______________________________ XXX-XX-_____________________________
Student’s Name - Please Print Last 4 digits Student’s Social Security Number

We recommend you carefully review the Tusculum College Satisfactory Academic Progress Policy (SAP). If you do not have a copy of the SAP Policy, please read the policy on the web or you may obtain a copy from the Office of Financial Aid and Student Campus Employment. **Submitting this appeal is not a guarantee that your eligibility will be reinstated.** It is your responsibility to submit all necessary documentation supporting the circumstances of your appeal. Failure to supply all supporting documentation can seriously delay and/or affect the final appeal decision. Decisions on complete appeals should be available within two weeks and you will be notified by letter. An appeal decision may impose limitations upon aid eligibility, duration of aid eligibility, and/or future minimum academic standards.

Please provide the following information:

_______________________________ ______________________________________
Local Mailing Address Apt# E-Mail Address

_______________________________ ______________________________________
City State/Zip Code Local Phone Number

1. Please note the term and year for which you are appealing your SAP status in the space provided.
   - [ ] Fall_________
   - [ ] Spring_________
   - [ ] Summer_________

2. Check the type of SAP violation you are appealing. (Check all that apply)
   - [ ] Qualitative Progress_______
   - [ ] Quantitative Progress_______

Please use the space on the next page for your personal appeal statement and include the following:
(attach separate sheet if needed)

1) State the reason(s) for not making satisfactory progress (**include an explanation of extenuating circumstances**) for each semester in violation of the SAP policy

2) State your “plan of action” and/or submit your academic plan that will ensure your future academic success (see your advisor for the academic plan)
Your signature certifies that the information contained within this appeal is complete and accurate. It also indicates your permission for the Office of Financial Aid and Student Campus Employment to verify any information you submit and authorizes the members of the Financial Aid Appeal Committee to review any or all materials contained in your file for the purpose of this appeal. All information presented with this appeal is confidential and will be treated accordingly. Any person who makes false statements or misrepresentations is subject to a fine or imprisonment, or both, under provision of the United States Criminal Code.

____________________________________________
Student's Signature Date

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