



# Financial Aid Satisfactory Academic Progress Appeal (SAP) Form

To appeal the loss of Federal and/or New York State financial aid, students are required to submit this appeal form and attach applicable documentation. **Please read this appeal form and instructions carefully, and complete all parts as described. Incomplete and/or missing information will result in processing delays.**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last Name, First Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(SCCC Email Address Only)

Campus:  East  
 Ammerman  
 Grant

**Instructions:**

1. On a separate sheet of paper, provide a **typed** explanation that details the exceptional/unforeseen circumstances. Be sure to include all of the following elements in your explanation:
  - a) **WHAT:** Explain the extenuating circumstance(s) that affected your academic performance. If you have attempted 90 or more credits, explain why you have not yet completed your degree.
  - b) **WHEN:** Specify when the extenuating circumstances occurred. List specific dates and/or semesters.
  - c) **HOW & WHY:** Explain how and/or why the circumstances affected your academic performance.
  - d) **RESOLUTION:** Explain how the circumstance(s) has been resolved or actions you have taken to improve your academic performance. Outline the changes you have made in your personal, social or economic situation that will allow you to improve your academic success.
2. Attach documentation to support your situation as described in step 1. Below is a list of possible circumstances and the suggested supporting documentation. The following is not exhaustive and serves only to provide examples. If you cannot include documentation with your appeal, you must explain why supporting documentation is not available.

Possible Circumstances	Documentation Examples
Death in the family	Death certificate, obituary
Divorce or separation	Court documents, lawyer statement
Domestic violence or victim of a crime	Court documents, restraining orders, police records
Physical and/or mental illness	Documentation from a medical professional, hospital records

I attest to the accuracy of the information provided in my explanation of circumstances and attached documentation submitted. I understand that I may be eligible for only one appeal each for federal and state aid. I also agree that I will accept any academic restrictions indicated by the committee as a condition of the restoration of aid.

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