



TerraID: _____

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

First Name: _____ M.I. _____ Last Name: _____

Local Address: _____

Terra Email: _____ Mobile #: _____

Appeal Guidelines

A student who is no longer eligible for federal or institutional financial aid due to a failure to meet Satisfactory Academic Progress standards and who has been placed in Financial Aid Suspension may appeal this status. The outcome of this appeal will depend on the nature of the circumstances, the quality of the documentation the student provides, and how well the student has displayed the ability to progress towards degree completion within a reasonable time period. All documentation submitted is confidential.

Submission Deadline

We recommended that you submit your SAP Appeal before the start of the semester for which you would like to receive financial aid. Incomplete or late appeals may jeopardize the reviewing of your appeal in a period that would allow your financial aid to release.

See http://terra.edu/apply_aid/paying_for_college/financial_aid_policies_procedures/index.php for the deadline to submit your SAP Appeal. **Incomplete appeals or appeals submitted after the deadline may not be processed and your financial aid may be canceled.**

Section 1 Circumstances - Required

To be completed by the student

Describe in detail the reason(s) why you failed to meet the SAP standards. Please explain any illness, disability or other circumstances that happened during the semester this appeal is for.

Please explain any tutoring sessions, extended time with your professor, studying, etc. that you completed to attempt to maintain your financial aid eligibility.

Office of Financial Aid
Roy Klay Hall, Room A100
TEL: 419.559.2344 FAX: 419.334.9035
jmccarthy01@Terra.edu



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

Section 1 Circumstances – Required (Continued)

What has changed that will now allow you to be successful moving forward? How were your SAP circumstances resolved?

You may attach additional personal statements, supporting documentation, such as third-party statements, police reports, an obituary or death certificate, court documentation, or a letter from an attorney or other professional, detailing the reasons for your inability to meet the SAP standards. All documentation must be legible and in writing and must pertain to the semester in which this appeal is for.

Section 2 SAP Standards and Academic Plan - Required

To be completed by the student and academic advisor

Check the box(es) below for each SAP Standard that was not met. You may find this information on http://terra.edu/apply_aid/paying_for_college/financial_aid_policies_procedures/index.php Complete those specific sections. Leave all unchecked sections blank. Advisors:

Current Cumulative GPA _____ Division _____

Program Credit Hours Required _____ Credit Hours Completed/Attempted _____ / _____

Estimated Graduation Date _____ Program _____

Select all that apply:

- ☐ Student Not Meeting Cumulative GPA (2.0 undergraduate/3.0 graduate)
- I will earn the minimum semester GPA **indicated below** while on this SAP Academic Plan. I understand that a complete withdrawal from this semester while on this academic plan should be discussed with my academic advisor and financial aid counselor *prior* to the withdrawal.
- ☐ Student Not Meeting Pace (Cumulative Units Completed/ Cumulative Units Attempted < 2/3)
- I understand that a complete withdrawal from this semester while on this academic plan should be discussed with my academic advisor and financial aid counselor *prior* to the withdrawal
- ☐ Student Exceeding Maximum Timeframe (to be completed by Academic Advisor)
- Is this student pursuing a subsequent degree?
☐ Yes ☐ No
 - Did (or will) this student change their major?
☐ Yes ☐ No
Date of change: _____
 - Expected Graduation Date: _____



SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

To be completed by the student and academic advisor

List specific courses or list general enrollment requirements. Carefully evaluate this plan as students will be expected to complete all courses listed below and earn the indicated minimum semester GPA. Understand that the student may lose aid eligibility if these terms are not met. If the student/advisor believes that the student will be better suited to enroll in less than 12 credits per term during this SAP Academic Plan, please indicate below. List the most efficient plan for the student to graduate; the SAP Academic Plan should detail significant and reasonable progress.

Term: _____

Minimum Semester GPA: _____

 **Required**

Example Academic Plan	Example Units	Course Name	Credits
BIO 2100	3		
PLS 1000	3		
LEN 2200	3		
Natural Science Elective	3		
Humanities Elective	3		

Section 3 Academic Advisor Statement - Required

To be completed by the student's Academic Advisor

The student whose name appears on this form is pursuing an appeal with Terra State Community College's Office of Financial Aid regarding their SAP status. Academic Advisor input is required on Section 2 of this form (SAP Academic Plan). Please use the space below to include any details about the student's SAP Academic Plan such as support services, or other strategies discussed with the student to improve academically that are not listed in Section 2 of this form.



I certify that I have worked with the student to fill in the information listed in Section 2.

Advisor Name: _____

Advisor Signature: _____ Date: _____

Advisor Phone: _____ Advisor Email: _____



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Section 4 Student Certification

To be completed by the student

I agree to this SAP Academic Plan. I understand that failure to follow and complete this plan will result in suspension from federal and institutional aid. I acknowledge that I am responsible for reading and acting upon (when necessary) the information sent to my Terra State Community College email account. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, that I have appropriately obtained all supporting documentation. I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.

Student Name: _____

Student Signature: _____ Date: _____

Submission Instructions

This completed form can be submitted in person, via postal service, email or fax to the following location:

Terra State Community College
Office of Financial Aid
Roy Klay Hall, Room A100
2830 Napoleon Road
Fremont, OH 43420
Fax: 419.559.9035
jmccarthy01@Terra.edu

You will receive confirmation of receipt to your Terra State email.