



2024-25 Satisfactory Academic Progress (SAP) Appeal

Student Name: _____ Student ID: _____

The United States Department of Education requires institutions of higher education to establish minimum standards of "satisfactory academic progress" for students receiving federally funded financial aid. North Central College also applies these same standards of academic progress to the recipients of the Monetary Award Program (MAP) from the Illinois Student Assistance Commission (ISAC) and to the recipients of scholarships, grants, and loans awarded or administered by the Office of Financial Aid at North Central College.

Please use this form if you did not meet the minimum requirements to keep Satisfactory Academic Progress, and are not currently eligible for any federal, state, or institutional financial aid. *Note: Submitting an appeal does not guarantee approval or reinstatement of your financial aid.*

Section A – Semester Information

Which semester is this SAP Appeal for? Check the box next to the appropriate semester:

- Summer 2024
- Fall 2024
- Spring 2025

Section B – Reason and Statement of Appeal

Please use the space below to detail the reasons for failure to meet the standards as well as appropriate third party documentation (e.g. letter from doctor, counselor, minister, priest, etc). You may attach additional pages if needed.

Section C – Student Success and Academic Planning



Have you met with Student Success at any point during the current semester? Yes / No

If yes, which area of Student Success have you met with? Indicate yes by checking the box next to the appropriate department:

- Academic Advising
- Dyson Wellness Center
- Math / Speaking / Writing Center
- Student Disability Services

- Please use the space below to outline the steps or any corrective actions of your academic plan. You may attach additional pages if your plan requires greater detail

Section D – Student and Advisor Signatures

I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported. I acknowledge I may file no more than two appeals containing the same reason and / or situation.

Student Signature (*Original Signature Required*)

Date

Success Coach Signature (*Original Signature Required*)

Date

FA Office Decision _____	Date _____
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