

PHONE: 630-637-5600 EMAIL: FINAID@NOCTRL.EDU

## Satisfactory Academic Progress (SAP) Appeal

Student Name:		Student ID:
establish mini receiving fede academic star recipients. By	mum "satisfactory academic peral financial aid. North Centrandards to all state and North (	standards, a student is not eligible to
Please use th	is form to appeal your Satisfa	ctory Academic Progress status.
Satisfactory A	cademic Progress Standards	
	um Cumulative Completion Ra 7% of attempted credit hours	ate: Complete with passing grades at
2. <i>Minimu</i> cumula	<i>im Cumulative Grade Point A</i> itive grade point average (GP	<i>verage (GPA)</i> : Maintain a minimum A): ve GPA of <u>1.8</u> as a first-year student
b. c.	Maintain a minimum cumulati	ve GPA of <u>2.0</u> as a continuing student ve GPA of <u>3.0</u> as a graduate student
	exceed more than 150% of the	n of Degree: Attempted courses ne length of the program
	Semester Information ter is this SAP Appeal for?	
□ Summe □ Fall □ Spring	er - 	
Which standa	rd of Satisfactory Academic P	Progress are you not meeting?
	ım Cumulative Completion Ra	
	ım Cumulative Grade Point A	
□ IVIAXIMI	um Time Frame to Completion	n or Degree

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## Section B – Reason for Appeal (To be completed by the student)

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



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## Section C – Academic Planning (To be completed by a Success Coach)

Please use the space below to detail the agreed-upon academic plan the student has created to meet the listed Satisfactory Academic Program standards above. Attach additional pages if needed.		
Section D – Student and Advisor Signature		
I declare that the information reported on this form is true, of provide, if requested, any other official documentation necessituation.	ssary to verify the information	
Student Signature (Original)	Date	
Success Coach Signature (Original)	Date	