

**Satisfactory Academic Progress
Appeal Application**

Name: _____ Campus: _____

Program of Study: _____ Cumulative GPA: _____ out of 4.0

Semester Appeal should be considered for: _____

In the space below, or by separate cover letter, please explain in detail the reason(s) as to why you are requesting this appeal. Please note **you need to show or have experienced exceptional or extraordinary circumstances beyond your control** as basis for your appeal. Your appeal must be postmarked within 21 days of the date of your denial notification letter.

Your appeal and any supporting documentation should be submitted to:

Enrollment Management
SAP Appeal
PO Box 89
Saranac Lake, NY 12983

Appeals will not be considered unless **all** the documentation needed for the appeal is submitted. When all of the information is received, your appeal will be reviewed. Please allow 10-14 days for notification of your appeal.