North Country Community College
Satisfactory Academic Progress (SAP) Appeal Form

A student with unforeseen, documentable extenuating circumstances who has been dismissed from the college and/or denied financial aid based on their Satisfactory Academic Performance (SAP) status has the right to appeal in writing by following the instructions on this form.

Financial Aid’s complete SAP policy can be viewed in the College Catalog which is located the [www.nccc.edu](http://www.nccc.edu) website.

In order to appeal your dismissal due to failure to maintain SAP standards, you must complete this form and attach the required documentation. Appeals lacking appropriate documentation will be regarded as incomplete. It is highly recommended that your appeal be submitted as soon as possible before the term begins. Appeals must be submitted three weeks (21 calendar days) before the beginning of the term.

Please read and complete this application carefully.

Last Name: ___________________________ First Name: ___________________________

Telephone: ___________________________ Student ID Number: ___________________

E-Mail Address: ________________________________________________________________

Mailing Address: ______________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please indicate the semester in which you failed to meet SAP.

______ Fall 20 _____

______ Spring 20 _____
Please check reasons for appeal:

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Death of Close Family Member (or spouse)</td>
<td>1. In your statement, explain the individual’s relationship to you, their date of death, and how the death impacted your academic performance.</td>
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<tr>
<td></td>
<td>2. Provide a copy of a death certificate, obituary or letter from a professional confirming the date of death (lawyer, minister, doctor.)</td>
</tr>
<tr>
<td>□ Illness or Injury</td>
<td>1. In your statement, explain the illness or injury, when it occurred and the duration, and how the illness or injury impacted your academic performance.</td>
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<tr>
<td></td>
<td>2. Provide a statement from your doctor citing the illness or injury and releasing you to return to school.</td>
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<tr>
<td>□ Transportation Problems</td>
<td>1. In your statement, explain what your transportation problems were and how the problem impacted your academic performance.</td>
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<tr>
<td></td>
<td>2. Provide documentation of your transportation problems.</td>
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<tr>
<td></td>
<td>3. Provide documentation to show that you now have reliable transportation (example: insurance card, title, registration, etc).</td>
</tr>
<tr>
<td>□ Work Schedule Change</td>
<td>1. In your statement, explain how you work schedule changed and how this change impacted your academic performance.</td>
</tr>
<tr>
<td></td>
<td>2. Provide a statement from your employer verifying the schedule change or date of hire (if new job). Your current employer’s statement should also confirm that your work schedule will not interfere with classes in the future.</td>
</tr>
<tr>
<td>□ Other Unforeseen Circumstances Beyond Your Control or Significant Trauma</td>
<td>1. In your statement, explain the situation. The statement must clearly show that the situation was unforeseen and beyond your control.</td>
</tr>
<tr>
<td></td>
<td>2. Provide supporting documentation that verifies the circumstances you describe in your statement.</td>
</tr>
</tbody>
</table>

Attach documents which confirm the extenuating circumstances that occurred during the semester listed above. All statements from other individuals (including your advisor) or organizations must be on professional letterhead or notarized. Additional documentation may be requested when your appeal is reviewed.
I have read the North Country Community College Satisfactory Academic Progress Policy. I understand that the Appeal Committee will not review a SAP Appeal Form that is incomplete or lacks appropriate documentation.

I understand that I will be notified via mail and/or college email of the Committee’s decision. Please allow 10-14 days for review.

I understand that I’m responsible for all semester expenses while the SAP appeal is being reviewed.

I understand that my appeal must be submitted 21 days before the beginning of the term I am looking to receive financial aid for.

________________________________________
Student Signature

________________________________________
Date

For Office Use Only

Address to mail: Received on: ______________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Appeal Committee’s Decision

_______ Waiver Denied

_______ Waiver Approved

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

________________________________________
Financial Aid Director’s Signature

Date: ______________________