

Financial aid recipients must meet Satisfactory Academic Progress (SAP) standards in order to maintain financial aid eligibility. A student is considered to be making SAP when the following three conditions are met: minimum 2.0 GPA, minimum 67% completion rate, and completion of program of study within the 150% maximum time frame. Students who are not maintaining SAP standards may appeal their financial aid termination if the failure to do so is due to events **beyond their control**. The student will be notified of the status of their SAP appeal in writing within two weeks of submission. If approved, the student must comply with all SAP standards in all subsequent semesters. If the student does not maintain SAP, he/she will be ineligible for further appeals. Review HCC's Institutional Satisfactory Academic Progress Policy at [www.haywood.edu/financial-aid/maintaining-eligibility-for-financial-aid](http://www.haywood.edu/financial-aid/maintaining-eligibility-for-financial-aid)

Name: \_\_\_\_\_ HCC ID # or SSN (last 4 digits): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**1. Reason for Appeal:**

- My cumulative GPA is below 2.0
- My completion rate is below 67%
- I have exceeded the 150% maximum time frame.

**2. Is this your first SAP Appeal?**

- Yes
- No, my last appeal was submitted \_\_\_\_\_ (indicate term & year)

**3. Indicate the mitigating circumstance that best describes your situation and attach the required documentation:**

- LOSS OR CHANGE OF EMPLOYMENT** (student, parent of dependent student, or spouse of independent student) WHICH PREVENTED CLASS PARTICIPATION
  - *Attach statement from employer on company letterhead explaining the nature of the work conflict- must include dates*
- INJURY OR ILLNESS OF STUDENT OR IMMEDIATE FAMILY MEMBER WHICH PREVENTED CLASS PARTICIPATION**
  - *Attach medical records or doctor's letter on letterhead- must include date of injury or illness*
- DEATH OF IMMEDIATE FAMILY MEMBER**
  - *Attach obituary, funeral program, or death certificate- must include date*
- EXCEEDED MAXIMUM TIME FRAME DUE TO PREVIOUSLY COMPLETED PROGRAM OR MORE THAN 30 REMEDIAL CREDIT HOURS**
  - *Attach unofficial transcript showing program completion*
  - *Explain the life circumstances that prompted you to pursue a new program of study (on page 2)*
  - *Submit a program check sheet from your academic advisor*
- OTHER- Briefly describe the extraordinary event that prevented SAP compliance (to be more fully explained on page 2):**
  - \_\_\_\_\_
  - *Attach third party documentation of event on organization letterhead, e.g., licensed counselor, social worker, pastor, teacher, etc. (No family members.)*

An appeal is permitted only for situations listed above that are beyond the student's control. Reasons which are not considered suitable justification for an appeal:

- Student was young, attended in high school, did not take school seriously, etc.
- Student changed majors multiple times because he/she did not know what he/she wanted to do.
- Student did not realize that withdrawals would adversely affect financial aid eligibility.
- Student not able to successfully complete classes due to other obligations.

**4. Explain the circumstance(s) that prevented you from maintaining SAP:**

*If more space is needed, attach a separate page with your name and HCC ID number at the top.*

**5. Explain what has changed that you are now able to maintain SAP:**

*If more space is needed, attach a separate page with your name and HCC ID number at the top.*

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Print Student Name

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HCC ID # or SSN (last 4 digits)



**FINANCIAL AID OFFICE  
2026-2027 Request for SAP Appeal**

**6. CERTIFICATION & SIGNATURE:**

With my signature, I certify the following:

- I have completed a 2026-2027 FAFSA and any steps as outlined by the FAO.
- I am submitting a complete SAP Appeal Form and required documentation as outlined on page 1.
- I understand that my appeal will not be reviewed if incomplete.
- I understand that I will be notified of the status of my appeal in writing within two weeks of submission.
- I have read HCC's Institutional Satisfactory Academic Progress Policy at [www.haywood.edu/financial-aid/maintaining-eligibility-for-financial-aid](http://www.haywood.edu/financial-aid/maintaining-eligibility-for-financial-aid)

I certify that the information provided on this form and in the accompanying documentation is complete and correct. I agree, if requested, to provide additional documentation to support the information herein.

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Print Student Name

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HCC ID # or SSN (last 4 digits)

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Student Signature

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Date

**WARNING! If you purposely give false or misleading information, you may be fined, imprisoned, or both.**

**For FAO Use Only:**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Appeal Decision: Approved      Denied

**Terms of Appeal:**

Complete all classes attempted  
 Complete all classes attempted with minimum \_\_\_\_ GPA  
 Reinstated- this degree only  
 Reinstated- this semester only  
 Reinstated- only classes required for graduation  
 Reinstated- 4 semesters to complete 2nd degree (if SAP)  
 Meet with Success Coach 3 times during the semester  
 If does not meet terms, additional appeals will not be considered

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**Reason Appeal Denied:**

Did not meet terms of previous appeal  
 Inability to achieve SAP before hitting MTF/LEU  
 No extenuating circumstances  
 Incomplete  
 No supporting documentation

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**Other:**

No additional SAP appeals will be considered

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Notes: \_\_\_\_\_  
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