Name: ____________________________ Date: ______________________________
Student ID#: ______________________ Phone: ____________________________

Satisfactory Academic Progress (SAP): Federal Regulations require schools to adopt certain minimum progress standards that students must meet in order to remain eligible for financial aid at the school. The SAP policy is available on the Financial Aid page at www.ldsbc.edu under General Information > Academic Progress.

⇒ This appeal is a request for reinstatement of financial aid eligibility. Only complete appeals will be reviewed by the Financial Aid Office. Upon receipt of the appeal, the Financial Aid Office may request additional information or documentation prior to making a decision on the appeal.
⇒ The student must demonstrate that the unusual and/or extenuating circumstances which occurred were beyond the student’s control. This may include, but is not limited to, the following circumstances: illness, death of a relative, divorce, or other special circumstances.
⇒ Written notification of the results of the appeal will be mailed within thirty days of submitting a completed appeal.

Check the box next to each policy for which you are seeking an exception.
☐ Pace (67%)  ☐ Cumulative GPA  ☐ Maximum Timeframe to Earn a Degree

Submit the following:
☐ General Appeals Form
☐ Letter from yourself, describing your unusual and/or extenuating circumstances and the reasons you are requesting an exception to policy. Address how the circumstances have been resolved so that future academic performance will not be affected.
☐ Documentation to support all unusual and/or extenuating circumstances detailed in your letter. This may include, but is not limited to, medical documentation, court documents, bills, letters from your academic advisor, doctors, or other professionals.
☐ Signed Letter from Academic Advisor (appeals for Maximum Timeframe only) detailing your academic plan until you graduate (expected graduation date, the courses you have left to take, and when you plan to take them).

Please provide the following information:
• Indicate below the next semester you are requesting financial aid.
  ☐ Fall _______ ☐ Winter _______ ☐ Summer _______

Year          Year          Year

• How many credits will you take the semester you listed above? _______

Student Certification:

By signing below, I certify that I have read and understand the information on this form. I certify that I have read and understood the stipulations of the Satisfactory Academic Progress policy on the www.ldsbc.edu website. I also certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that all documentation has been appropriately obtained. I understand that monetary or criminal penalties may be imposed for fraud committed in relation to obtaining federal financial aid.

Signature ____________________________ Date ____________________________