

Satisfactory Academic Progress Appeal Form 2025-2026



Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas – cumulative GPA, completion ratio, and maximum time frame – to be eligible for financial aid. Please review the Financial Aid Suspension Letter that you received as well as the SAP policy available at https://www.scf.edu/paying-for-college/financial-aid/#policies

Please Note:

- Appeals submitted without sufficient supporting documentation will be denied. Please read all the instructions carefully.
- Do not include original documents. They will not be returned. Be sure that all copies are legible.
- You should be prepared to pay tuition fees and other educational expenses until meeting Satisfactory Academic Progress.

| A. | Student Information | | |
|---------------|---|---|---|
| Last Name | First Name | M.I. | G00 Student ID # |
| Mailing Addr | ess (Including City, State, and Zip) | | Phone |
| В. | Appeal Documentation | | |
| Please indic | ate which semester you are appealing to regain fir | nancial aid eligibil | ity: |
| | | | |
| O F | fall Spring | |) Summer |
| Please list y | our most recent SAP Status under Satisfactory Aca | demic Progress o | n the Financial Aid section of your MySCF |
| account: | | | |
| account | | | |
| Please be su | re to read THOROUGHLY and complete all items or | n the checklist. | |
| | You are providing the required typed, signed, details circumstances beyond your control prevented you for what has changed and what will allow you to obtain Extenuating circumstances may include, but are Documented medical conditions or serious Death of an immediate family member. Other emergency circumstances (i.e. nature) If appealing for Maximum Time Frame, your exportance Change of major Remedial courses (check box if applications) (check box if applications) And/or extenuating circumstances listed above | rom meeting SAP /maintain success e not limited to: illness. al disaster, etc.). planation should a able) pplicable) | requirements. In addition, you must explain sful academic progress going forward. |
| | Print and attach your "Class History" from your Deg MySCF account, in Registration Tools). | ree Works accoun | t (found under the Student tab on your |

- State College of Florida, Office of Financial Aid Services
 5840 26th Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 (Fax) 941.727.6179 Email: AskFinAid@SCF.edu

 State College of Florida, Manatee-Sarasota does not discriminate on the basis of sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323. PO Box 1849. Bradenton. FL 34206

- 3. Attach the required *date-specific supporting documentation* from a disinterested third party (letters from family and/or friends are not encouraged).
 - Acceptable documentation may include, but is not limited to:
 - Signed letter (*not prescription*) from a physician or counselor indicating the dates of the medical care on letterhead.
 - o Copy of a death certificate, obituary, or third-party documentation of the death of a family member.
 - Accident / Police Reports / Court Records, etc.

| c. Certification and Signatur | C. | . (| Certification | and | Signatur |
|-------------------------------|----|-----|---------------|-----|----------|
|-------------------------------|----|-----|---------------|-----|----------|

I understand the SAP appeal instructions. Additionally, I understand that it is my responsibility to know my SAP status and review the SAP policy as needed. If approved, I must not withdraw from ANY course or receive any F's, maintain at least a 2.0 GPA in each term (2.5 GPA if suspended for GPA), and only enroll in courses applicable to my current program, regardless of the source of funding used to pay for the courses. If I take any class outside of my degree requirements, my financial aid will be terminated without an option to re-appeal. Degree Works (accessible through MySCF) will be used to determine the courses applicable to all degree requirements.

Read and check the appropriate box below:

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|---|---------------------------|--------------------------|------------------------------|--------------------------|
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| I Have reviewed Hiv Ab | bear i oi ili alla tile i | eduli ed subbol t docul | ilelita. I celtily tiley alt | . Combiete and accurate. |

I have reviewed my Appeal Form and certified it is complete. I have chosen **NOT** to attach any supporting documentation. Appeals submitted without sufficient supporting documentation **will be denied**.

| Student Initials: | |
|---|--|
| Please Note: The Financial Aid Review Committee will review and resp decisions are communicated via your SCF email. <i>Committee decisions</i> Director of Financial Aid <i>only if</i> there is new documented evidence to re-appealed. If your appeal is denied, you should be prepared to pay the aid until you are meeting Satisfactory Academic Progress. | are final; however, a re-appeal may be submitted to the be considered. If denied, the decision is final and may not be |
| Student Signature | Date |

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