

**SATISFACTORY ACADEMIC PROGRESS APPEAL (SAP-1)**

TERM (CHECK ONE): \_\_\_ FALL      \_\_\_ SPRING      \_\_\_ SUMMER

Only a student who has failed to meet the requirements of Satisfactory Academic Progress (SAP) due to a seriously extenuating circumstance is encouraged to go through the appeal process (c.f. [34 C.F.R 668.34](#)). *Polk State College's SAP Policy* and a self-help worksheet are available at: <https://www.polk.edu/admission-aid/financial-aid/satisfactory-academic-progress/>. **This Satisfactory Academic Progress Appeal Form is to be submitted only if the individual is appealing for the first time; had an appeal approved but then failed or received an *Incomplete* grade in an approved term; the individual withdrew; or the person received a *Term of Warning* in a previous term but is still below the 67% completion rate.** The link below provides more information about these parameters. If this SAP Appeal is approved, the individual must submit a *Satisfactory Academic Progress-Form 2 (SAP-2)* provided he or she passes all classes. If this appeal is approved and the courses are passed, but the individual still has not reached the standards for Satisfactory Academic Progress, he or she must submit the *SAPP2 Form* to continue receiving aid.

**The following materials must be submitted with this form:**

1. A **Degree Audit**: This must be signed by an academic advisor.  
**Note: The Office will only approve classes that count toward the individual's selected degree.**
2. An **Appeal Letter**: This letter must specifically address the extenuating circumstance(s) (with dates) that resulted in academic problems. The appeal letter must explain why the individual failed to make satisfactory progress, and what has changed in his or her situation that will allow for satisfactory progress toward graduation in the future.
3. **Documentation**: Extenuating circumstances may include emergency medical issues, death in the family, or other life crises. If this is the case, supporting documents and dates must directly relate to the situation that caused the unsuccessful term stated in the letter. Acceptable documentation may include a death certificate, divorce decree, police report, detailed medical documentation (i.e., not a discharge page), a notarized letter from third party, etc. The office does not accept photographs of documents (c.f., [34 C.F.R 668.34](#)).

**Student Information** (Please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Check which applies: First Appeal attempt: \_\_\_\_\_ Second Appeal attempt: \_\_\_\_\_ Executive Decision attempt: \_\_\_\_\_

**Note:** If a student appeals one term, he or she cannot appeal with the same circumstance at a later time (c.f. [34 C.F.R 668.34](#)). The dates of the event(s) in question MUST match the dates of the classes in the appeal. Incomplete appeals are automatically denied. All appeal decisions are sent to the Polk State College email account, but inquiries can be made by visiting the office, via email to [financialaid@polk.edu](mailto:financialaid@polk.edu), or by calling the Director at 863.669.2955.

I certify that all the information submitted is accurate and complete. I understand that I may be denied if I do not present an extenuating circumstance or enough reliable documentation. If I am denied, I understand that in accordance with Student Financial Services Office policy, I can only challenge the denial decision once.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Polk State College policy states a student can submit an appeal twice. A student may request for the Director to review an additional appeal in a severely extenuating circumstance; however these requests are rarely granted. The inclusion of documentation as outlined does not guarantee that an appeal will be granted. Each appeal case is considered on an individual basis. Federal regulation (c.f. 34C.F.R 668.34) explains that an appeal can only be granted to a student determined to be capable of reaching the requirements of Satisfactory Academic Progress within an appeal-approved semester.\*\***

### **OFFICE OF STUDENT FINANCIAL SERVICES USE ONLY**

PROGRAM ID: \_\_\_\_\_ REMEDIAL HOURS: \_\_\_\_\_ TOTAL ATT HOURS: \_\_\_\_\_ EARNED HOURS: \_\_\_\_\_ % ATT HRS COMPLETED: \_\_\_\_\_

FA GPA: \_\_\_\_\_ % OF 150 RULE: \_\_\_\_\_ DEGREE AUDIT: N/Y LETTER ATTACHED: N/Y SUPPORTING DOCS: \_\_\_\_\_

HOURS REMAINING TO GRADUATE: \_\_\_\_\_ DATE RCVD: \_\_ - \_\_\_\_ DATE EMAIL SENT: \_\_\_\_\_ DATE FILE NOTATED: \_\_\_\_\_

**DECISION: APPROVED / DENIED (CIRCLE ONE)**

Reason for denial: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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