

TERM: _____ SATISFACTORY ACADEMIC PROGRESS APPEAL (EXTENSION REQUEST) (SAP2)

PLEASE READ: This form is to be submitted **ONLY** if you were approved for SAP1, maintained passing grades and have not withdrawn (*please refer to the link herein*). The Office of Student Financial Services has established an appeal process for students whose aid is suspended due to the failure to meet Satisfactory Academic Progress requirements. To learn about our SAP policy, refer to the following link: <https://www.polk.edu/admission-aid/financial-aid/satisfactory-academic-progress/> or go to polk.edu- Admission & Aid- Financial Aid- Satisfactory Academic Progress.

To process this appeal, you must submit:

1. Satisfactory Academic Progress **Secondary** Appeal form
2. A printed degree audit signed by an academic advisor. (Please be advised that classes must be compliant. **Only** classes that goes toward your major will be approved).

You may have to submit the same appeal form every term until you meet the required credit completion rate, or until graduation if you are over the 150% requirement (see above link). Make sure to continue passing all classes to avoid regressing to a SAP1.

All incomplete appeals will be returned. All appeal decisions will be emailed to your Polk State College email account but you may email us at financialaid@polk.edu or call the Director at **863.669.2955**.

Student Information: (*Please print*)

Last Name: _____ First Name: _____ M.I.: _____

ID: _____ Phone#: _____

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

Signature: _____ Date: _____

*******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: _____

**** Our appeal policy states you can submit an appeal only twice. If you disagree with the decision, you may request to speak with the Director. The inclusion of documentation as outlined above does not guarantee that an appeal will be granted. Each appeal case is considered on an individual basis. Federal regulation (34C.F.R 668.34) explains that only students who are determined to be able to pass SAP requirements within an appeal approved semester are eligible to be considered for an appeal.****

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