

TERM (CIRCLE ONE): FALL/ SPRING/ SUMMER **SATISFACTORY ACADEMIC PROGRESS APPEAL**
(SAP1)

PLEASE READ: Only students who have failed SAP due to an extenuating circumstance are encouraged to go through the appeal process [34 C.F.R 668.34](#) . To learn about the college's SAP policy and view the self-help worksheet, please go to: <https://www.polk.edu/admission-aid/financial-aid/satisfactory-academic-progress/> . **This form is to be submitted if you are appealing for the first time, had an appeal approved but failed or received an Incomplete grade in an approved term, withdrew, withdrawn or received a Term of Warning in a previous term but are still below the 67% completion rate (please refer to the link above).** If approved, you will submit a SAP2 as long as you pass all of your classes. If this appeal is approved and you pass but have not reached the standards, you will submit a SAPP2 form to continue receiving aid.

What you must submit with this form:

1. Your **Degree Audit** signed by an academic advisor- *The office will only approve classes that count toward your degree.*
2. An **appeal letter**- Please specifically address the extenuating circumstance(s) that resulted in your academic problems. Secondly, appeals must explain why he/she failed to make satisfactory progress and what has changed in his/her situation that will allow him/her to make satisfactory progress at the next evaluation.
3. **Documentation**- *Please note that extenuating circumstances may include emergency medical issues, death in the family, or other life crisis. Your supporting documents MUST directly relate to the situation that caused the unsuccessful term stated in your letter. Acceptable documentation may include a Death Certificate, Divorce "Decree", Police Report, detailed Medical Documentation (not discharge page), notarized letter from third party, etc. The office will not accept photographs of your documents.* ([34 C.F.R 668.34](#))

If you appeal one term and are approved or denied, you cannot appeal with the same circumstance ([34 C.F.R 668.34](#)). The dates of the event(s) in question MUST match the dates of the classes you are appealing for. Incomplete appeals will not be accepted. All appeal decisions are emailed to your PSC email account but you can inquire by visiting the office, emailing us at financialaid@polk.edu or calling 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 or viable documentation. If I am denied, in accordance with SFS office policy, I can only challenge the denial decision ONE TIME.

Signature: _____ Date: _____

OFFICE OF STUDENT FINANCIAL AID & SCHOLARSHIPS SECTION

FA GPA: _____ TOTAL ATT HOURS: _____ % ATT HRS COMPLETED: _____ % OF 150 RULE: _____

EARNED HOURS: _____ PROGRAM ID: _____ REMEDIAL HOURS: _____ DEGREE AUDIT: _____

LETTER ATTACHED: _____ SUPPORTING DOCS: _____ HOURS REMAINING TO GRADUATE: _____ DATE RCVD: _____

DATE EMAIL SENT: _____ DATE FILE NOTATED: _____ Decision: _____ Approved /Denied

Reason for denial: _____

Please check attempt:

First Appeal

Second Appeal

Executive Decision

Staff Initials: _____ Date: _____

**** Our appeal policy states you can submit an appeal twice. If you disagree with the decision, you may request for the Director to review. 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 an appeal.****

Office of Student Financial Services

999 Avenue H, N.E.

Winter Haven, FL 33881-4299

Phone: 863-297-1004

Fax: 863-298-6850

Email: financialaid@polk.edu