TERM:_____SATISFACTORY ACADEMIC PROGRESS SECONDARY APPEAL   (SAP2)

<u>**PLEASE READ**</u>**: This form is to be submitted ONLY if you were approved for SAP1, maintained passing grades and have not withdrawn (*please refer to the link herein*).** The Office of Student Financial Services has established an appeal process for students whose aid is suspended due to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. <u>***Only***</u> 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 PSC email account but you may visit, email us at financialaid@polk.edu or call the Director at *863-669-2955*.

<u>**Student Information:**</u> *(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

<u>**Please check attempt**</u>:☐ First Attempt   ☐   Second Attempt   ☐   Other

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 an appeal.**