

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3620 • Fax (956) 295-3621 • financialaid@tsc.edu

# 2023/2024 Satisfactory Academic Progress (SAP) Appeal Form

Full Name:		TSC ID#:	
Phone # ( )	Email:	@student.tsc.edu	
Please read all instructions	carefully. Type or print in black or blue ink.	Select the semester attending:	
Term: 23/Fall (priority deadlii	ne 7/28/23) <b>24/Spring</b> (priority deadline 12/1/23	2) <b>24/Summer</b> (priority deadline 5/10/24)	
1	e accepted or completed for consideration for the currer cademic calendar for a respective date at:		

### Incomplete appeal packets will be denied. Required documents must be included with the appeal:

- 1. Attach a Personal Statement. Statement/letter must be typed and MUST explain the following:
  - A. What were your extenuating circumstances that prevented you from meeting SAP? <u>Explain each semester in which you did not meet SAP. (Include dates/terms.)</u>
  - B. What has changed in the situation that will allow you to demonstrate Satisfactory Academic Progress at the end of the next semester?
- 2. **Attach supporting documentation** for each term in which you did not meet SAP.
- 3. Attach current degree audit (available for print via TSC Online)

IMPORTANT: Financial Aid evaluates your entire academic history. Please review your transcript to identify and address <u>ALL</u> semesters in which you did not meet SAP (withdrawals, dropped courses, incompletes, and failing grades). If you are in suspension due to Timeframe, please explain if you earned a degree or took remedial courses.

### **Reason for Appeal:**

- For Veteran's Hazelwood benefits only.
- **GPA** (Must maintain a minimum 2.0 GPA)
- Completion Rate (must complete a minimum of 67% of all attempted courses)
- Timeframe/Maximum Hours (complete your program on time and within 150% maximum hours allowed)

#### **Extenuating Circumstances include:**

- Medical If you experience a medical condition, illness, or injury which resulted in Financial Aid Suspension, attach
  documentation confirming you received medical treatment for the semester (s) affected.
- **Death/Illness** If the death or illness of a family member had a negative impact on achieving your academic goals, please attach appropriate copies of medical records, death certificate, or obituary, etc.
- Other Circumstances Please explain extenuating circumstance(s) and attach appropriate documentation. If you have already earned a degree, provide a copy of your earned degree audit, which can be accessed via TSC Online.



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## 2023/2024 SAP Appeal - Academic Plan

Please **Read and Initial** the following statements below to indicate that you understand the conditions outlined below.

	•
I understand I must earn a minimum semester GPA of 2 based on the Financial Aid SAP standards.	2.0 during each enrolled session/semester until I regain Good standing
ı understand I must complete 100% of all enrolled cours standards (i.e. I cannot drop any courses after the Office)	ses until I regain Good standing based on the Financial Aid SAP icial Record Date of each enrolled semester.)
I understand I must remain on schedule to complete my hours required for graduation.	y current program of study within <b>150%</b> of the minimum number of
I understand I must enroll only for courses in my degree current program of study.	e audit or in developmental or preparatory courses required for my
I understand I must continue in my Approved/Active Prosection SAP standards or I graduate from my program of study.	rogram of Study until I regain Good Standing based on the Financial Aid
I understand that if I do not meet the conditions of my be eligible for financial aid until I regain Good standing be	approved Financial Aid SAP Appeal, and Academic Plan, I will no longe based on the Financial Aid SAP standards.
I understand it's my responsibility to make payment a	rrangements if I DO NOT meet the Appeal Priority Deadline.
The committee may impose additional requirements w	hen deemed necessary and will inform you about them in writing.
I understand that my Appeal cannot be approved multi	ple times for the same reason or extenuating circumstances.
To be completed by an Enrollment/Success Coach	
Current Academic Program of Study:	Catalog Year:
Number of credit hours needed for degree completion (include c	current term and remedial courses):
Expected Graduation Date:	
	additional hours beyond the hours indicated above or not part of the of study. **
Enrollment /Success Coach Name:	Signature:
Extension:	Date:
Certification and Signature	
understand that the financial aid office may request additional d ncomplete until all necessary documents are submitted.	locumentation. I further understand that my financial aid will remain
certify that all information reported on this form is complete and Office at TSC to make corrections to resolve any discrepancies.	l correct to the best of my knowledge. I authorize the Financial Aid
<b>NARNING:</b> If you purposely give false or misleading information o	on this worksheet, you may be fined, sentenced to jail, or both.
Signatura	Data