

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

ACADEMIC SEMESTER: _____ Student ID#: _____
(Fall or Winter/Spring)

A student determined ineligible for financial aid for failure to meet Hanover College's Satisfactory Academic Progress (SAP) standards has the right to make a written appeal to the Office of Student Financial Services if he or she can demonstrate:

- Failure to meet the minimum standard was caused by extreme or unusual circumstances beyond his or her control, and;
- He or she has resolved the issue(s) that caused the deficit, and;
- The issue(s) will not affect his or her performance in the future.

If an appeal is approved, the student will be placed on probation for the remaining time he or she is enrolled at Hanover College. His or her SAP will be evaluated the following semester he or she is enrolled to ensure the student is still making the appropriate requirements. If at that time the standards are not being met, a SAP hold will be placed back on the student's financial aid account and any federal aid and need-based state grant aid in future semesters will be cancelled. All appeals and relevant documents are kept in the student's file. **The Committee's decision is final and cannot be appealed.**

SECTION 1: STUDENT INFORMATION

Name (Please print clearly): _____
(Last, First, MI)

Home Address: _____
(Street Address)

(City, State, Zip Code)

Home Phone Number: _____

Anticipated Graduation Date: _____

Hanover College Email Address: _____

Term for which you are appealing to receive financial aid: _____
(Fall or Winter/Spring)

Appeals must include:

- This Satisfactory Academic Progress Appeal (SAP) form, completed and signed.
- A signed letter written by the student which clearly states the extraordinary circumstance which may have adversely affected the student's academic performance and outlining what changes have occurred that will lead to academic success.
- Documentation of the extraordinary circumstances identified in the student's letter.
- Submission of any additional information requested by the Committee for the appeal review.

Important Dates:

- SAP Appeal Deadlines: 5 pm of the first day of the class start for the term for which the appeal is associated.

SECTION II: REASON FOR APPEAL (Please check applicable circumstances.)

_____ Personal Illness or Injury – Supporting documents must include physician or attending professional citing illness and its possible effect upon student’s academic performance. Include date of onset and length of time.

_____ Death of Immediate Family Member – Supporting documents must include obituary, death certificate or letter from a professional (lawyer, doctor, minister, etc.) which states the date of the death and the individual’s relationship to the student.

_____ Other Unusual Circumstances – Supporting documents must include academic advisor, counselor, tutor, professor and/or professional who is familiar with the student’s extenuating circumstances. Documentation must state the date(s) during which these circumstances occurred and their probable effect on academic performance.

SECTION III: CERTIFICATION STATEMENT

By my signature below, I certify that I have read and understand Hanover College’s SAP standards. I understand that it is my responsibility to monitor progress and to be aware of the requirements of my program, so that I can complete my degree within the time allowed in accordance with Federal regulations, withdrawals and incompletes could affect my eligibility for financial aid.

If my appeal is denied, I understand that I must reestablish my aid eligibility by attending at my own expense and raising my cumulative academic record to the minimums listed in the Hanover College student financial aid satisfactory academic progress standards, and that I am responsible for any charges incurred if my appeal is not approved. I further certify that the information in this appeal is accurate and complete. I understand that any false information will be cause for denial, reduction, and/or immediate repayment of any aid.

_____ Student’s Signature

_____ Date

SECTION IV: APPEAL COMMITTEE DECISION (To be completed by the Office of Student Financial Services)

_____ Approved _____ Denied _____ Approved Conditionally

Conditions/Comments: _____

Released: Fall Term: _____ Winter/Spring Term: _____

Approved/Denied Signature: _____

Date: _____

**Return this form, and all required documentation, to: Hanover College
Office of Student Financial Services
517 Ball Drive
Hanover, IN 47243
FAX Number: (812) 866-7284**