Louisiana College
SAP Appeal Form

Name: ____________________________________________  ID #:____________________________________
Address: ___________________________________ City: __________________ State: ________ Zip: _________
Email Address: ______________________________   Cell Phone: ______________________________________

Reason for Appeal

☐ GPA: Cumulative or semester GPA below standard
☐ Progression: Passing or completing less than 67% of attempted hours
☐ Maximum eligibility: Exceeded 150% of the academic program’s published length

Appeal Instructions

1. Attach a typed or word processed letter of appeal which addresses the following:
   a. Explain why you did not make SAP in the last semester. **There are only a few acceptable appeals per federal regulations (Sections 668.16(e).668.32(f) and 668.34).**

   **Acceptable Appeals:**
   i. Death in the immediate family
   ii. Sickness
   iii. Other extenuating circumstances as accepted by the appeals committee

   b. Explain in detail what changes have occurred (or will occur) that will enable you to make satisfactory academic progress in the future.

   c. **Documentation is a must!!!** Attach any documentation you feel is necessary to support your appeal. You may want to document why it was difficult to make progress in the past, or you may want to document a solution to past problems. Documentation could be a letter from someone with whom you have been working to support your appeal letter (Doctor, Counselor, Advisor, Minister, etc.)

2. Attach a completed copy of the Advising Form (attached)

3. Return this completed form to the Louisiana College Financial Aid Office within **30 days of notification that aid eligibility has been lost or within the first week of the start of the semester.** (Fax 318-487-7449)

4. If you have a Federal Work-Study job, you are ineligible to work unless your financial aid is reinstated. You must stop working at your Federal Work-Study job immediately.
Louisiana College - Advising Form
Satisfactory Academic Progress (SAP)

Name: _____________________________________________

Term: __________________________

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<th>Course Title</th>
<th>Credit Hours</th>
<th>Expected Grade</th>
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Total Credit Hours: ____________

Term: __________________________

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Total Credit Hours: ____________

Anticipated Graduation Date: ________________

Academic Advisor Signature: _________________________________________

Student Signature: ______________________________________ Date: ________________
**Academic Plan Requirements**: Students who are granted appeal and enter an academic plan will have their progress measured at each payment period during the academic plan (not to exceed two semesters). If the student is not meeting SAP guidelines at the end of the first payment period of the academic plan then the student will be ineligible for federal financial aid and not allowed to move into the second payment period of the academic plan. The student can then regain eligibility by meeting SAP in the following semester without the use of federal financial aid.

To determine if your appeal has been granted please call 318-487-7386 or email financial_aid@lacollege.edu. If the appeal has not been granted, we will send a letter of explanation and what can be done to regain eligibility.

**Typically, no more than two appeals will be approved here at Louisiana College.**

**Review Time**: The Financial Aid Appeals Committee will attempt to review your appeal and make a decision within one week’s time; however, there may be circumstances that prolong that period of time. Make sure you provide your current address and phone number on this form.

**NOTE**: If you will not attend a semester and are registered, have confirmed your registration DO NOT drop your classes without going to officially withdraw or you could end up owing a repayment of all or part of your tuition, fees, and housing for the semester.

Submission of this form with your signature verifies that you have read the procedures above and that all your statements are true and accurate.

STUDENT SIGNATURE: _______________________________ DATE: ______________________

--------------- OFFICE USE ONLY -------------------------

_____ Appeal Approved  _____ Appeal Denied

Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

OFFICIAL’S SIGNATURE: _______________________________ DATE: ______________________