



# Appeals Form

## Satisfactory Academic Progress Scholarship Appeal

Name: \_\_\_\_\_ LC ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Please check the appeal(s) that apply to you:

**FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL:**  
 If you received a notification stating you've been disqualified from receiving federal financial aid for not meeting satisfactory academic progress, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied. [To review the Satisfactory Academic Progress Policy please refer to pages 2 - 3 of the undergraduate data form.](#) **If you are submitting this appeal past the deadline you must also provide a [Financial Aid Progress Report](#).**  
*Federal regulations require a student to meet Satisfactory Academic Progress Standards, please refer to the undergraduate data form for the complete policy.*

**SCHOLARSHIP ACADEMIC APPEAL:**  
 If you received a notification stating that you have lost your Louisiana College Scholarship, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied. *Please review your Scholarship Agreement for the conditions of your Louisiana College Scholarship, if you do not have a copy please come to the Louisiana College Office of Financial Aid and request one.*

Office use below for committee notes

***THIS FORM MUST BE LEGIBLE AND COMPLETED IN FULL WITH ALL REQUIRED SIGNATURES.***



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1) **In the box below**, please provide a detailed typed statement listing the reason(s) you experienced difficulty and did not succeed academically. Examples of legitimate difficulties are: illness or injury, family problems, inability to access support services, and/or change in financial status.

2) Please attach to this appeal the documents which apply to your situation (*as specified in #1*). ***Lack of relevant documentation will result in appeal denial.*** Examples of documentation which might apply to your situation include:

- Letter(s) from physician(s), hospital(s), or other health care professional(s), and receipts or bills identifying medical issue(s)
- Letters from advisors, counselors, faculty, and other knowledgeable people who knew the difficulties you experienced
- Letter from your employer verifying a change in work schedule and when it occurred
- Any other documents, statements or receipts that show cause for academic problems
- Death certificate or obituary of deceased family member
- Verified accidents, illness, or other circumstances beyond your control
- Changes in economic situation
- Evidence of inability to obtain essential support services
- Disability accommodations not received in a timely manner

3) **In the box below**, please provide a detailed typed statement explaining what your plan is to improve your academic performance.



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If this appeal is **ONLY** for to appeal your Louisiana College Scholarships, skip #4 and proceed to Certification and Signature.

- 4) Meet with your academic advisor/counselor to update your Student Education Plan (SEP). Attach a copy of your updated SEP. The advisor/counselor **must sign below.**

I hereby certify that I have met with the student and updated their Student Education Plan.

Academic Advisor/Counselor's Printed Name	Academic Advisor/Counselor's Signature	Date
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### Certification and Signature:

I certify that all of information provided is complete and correct.

Student's Printed Name	Student's Signature	Date
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**THIS FORM MUST BE SIGNED AND DATED TO BE VALID. ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

### RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

LC Financial Aid Office  
1140 College Dr Box 582  
Pineville, La. 71359  
Fax: (318) 487-7449  
E-mail: [financial\\_aid@lacollege.edu](mailto:financial_aid@lacollege.edu)

### \*\*\* OFFICIAL USE ONLY \*\*\*

Original: Financial Aid Office

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_