



**FINANCIAL AID OFFICE**  
Satisfactory Academic Progress Appeal Form  
(To Reinstate Financial Aid Eligibility)

You are no longer eligible to receive financial assistance at Sussex County Community College because you did not meet the standards of Satisfactory Academic Progress (SAP). Please note that Remedial coursework is counted in the cumulative GPA. This is why the cumulative GPA on a student's academic transcript may not match the cumulative GPA derived from the financial aid calculation. Adherence to these standards is required of all financial aid recipients by Federal and State regulations governing academic progress toward the completion of a degree or certificate program.

You may appeal for a reinstatement of financial aid eligibility by completing this form. Appeals must be submitted in writing to the Financial Aid Office by the deadline date on your letter.

Name \_\_\_\_\_ SCCC ID \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone/Cell# \_\_\_\_\_ Major/Program of Study \_\_\_\_\_

Semester requesting reinstatement of aid eligibility \_\_\_\_\_

Please provide the following:

- A written statement outlining the reason(s) for your appeal.
- The circumstances under which a student would be permitted to submit an appeal are: death of a relative, injury or illness of the student, or other special circumstances.
- What has changed in your situation that will allow you to demonstrate satisfactory academic progress.
- Documentation to support your reason for appeal. (Medical notes from your doctor, or change of employment, etc.) **Appeals will not be reviewed without documentation.**

Mark the category that you are appealing:

Financial Aid Unsatisfactory Progress:

- Cumulative GPA is below 2.00 \_\_\_\_\_
- Completion Rate is less than criteria \_\_\_\_\_

**Credits**                      **Completion Rate**

0-12                                      50%

13-18                                    60%

19 and greater                        67%

- Completion Rate for the most Recent Semester \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Send this form to:

SAP Appeal Committee  
Financial Aid Office  
Sussex County Community College  
1 College Hill Road  
Newton, NJ 07860