SOUTH SUBURBAN COLLEGE
Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Last Name _____ First _____
Social Security #: _____- _____ -_____
Address: _____
City: _____ State:_____
Contact Telephone Number: ( ) _____ -_____

- If you were placed on SAP suspension, please explain the reason for your academic problems & why we should excuse your past violation or how you will improve your performance. If there are extenuating circumstances, **please attach appropriate documentation** such as medical statements.

- If you have attempted more that 90 credit hours for your current program of study, you **MUST meet with an academic advisor BEFORE** you submit your appeal.

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Signature: _____Date: _____

If you choose not to appeal or your appeal is denied, you may be able to reestablish eligibility to receive financial aid in a future term by completing 6 or more required credits with grades of "C" or better at your own expense. The credits must also be required to complete your official degree or certificate goal. Once you have met the standards for reestablishment of eligibility, you may submit an appeal for reinstatement to the Financial Aid Office.