GREENFIELD COMMUNITY COLLEGE
Office of Financial Aid
Satisfactory Academic Progress Appeal Form

Appeals must demonstrate extenuating circumstances that contributed to the student’s inability to maintain Satisfactory Academic Progress. **Appeals must be accompanied by supporting documentation.**

*This form must include a written statement which must be on a separate document, printed legibly or typed, and turned in with this form. This statement must also include how the circumstances have changed to allow for future academic success.*

**TYPE OF APPEAL:** (check one)

☐ **Death of an immediate family member:** (child, parent, partner, sibling, spouse)
   Attach a copy of the [death certificate or obituary](#) and include the name of the deceased and relationship to you in your written statement.

☐ **Serious injury or illness to the student or immediate family member** (child, parent, partner, sibling, spouse) **that required extended recovery time:**
   Attach a [statement from the physician](#) and explain the nature and dates of the injury or illness in your written statement.

☐ **Difficulty balancing school, family, employment and other responsibilities:**
   Provide a detailed explanation regarding the specific circumstances. Be sure to provide the dates of the circumstances and the steps you have taken to overcome this situation.

☐ **Other unexpected circumstances beyond the control of the student:**
   Provide a detailed explanation in writing explaining the nature and dates of your unexpected circumstances. The statement must include the details specific to the circumstance.

**Student Signature**
By submitting this form, I certify that that the information and/or documentation submitted in support of this appeal is true and correct. And, I understand that my appeal will not be reviewed if it is incomplete or lacks documentation.

__________________________________________________________________________

__________________________________________________________________________

Student Signature  Date
OFFICE USE ONLY

Student’s Current SAP Code _______ Term Code _______ Degree Program______________________________

Degree Program Total Required Credits _______ G.P.A. _______

Number of Attempted Hours _______ Number of Withdrawals ____________________________

Number of Completed Hours ______

Progression Rate: _______ Pell LEU: _______%

Degree Audit Completed: Yes ☐ No ☐

Outcome: Granted: _______ Denied: _______

New Sap Code: _______________ Term Code: _______________ ROASTAT __________

Conditions/Comments: ________________________________________________________________

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Financial Aid Official Signature __________________________ Date _____________