

**Financial Aid / Academic
Satisfactory Progress
Appeal Form**

**Southeast Technical Institute
2320 N Career Ave
Sioux Falls, SD 57107
(Phone 605-367-7867)
(FAX 605-367-8305)**

If you've been placed on financial aid / academic suspension and you've experienced a mitigating circumstance during the term, you have the option to appeal the suspension. In order to appeal your financial aid suspension, complete all information requested below and return this form, along with all relevant supporting documentation. Based on the Satisfactory Academic Progress Policy, the Appeal Committee will approve or deny your appeal. You will be informed in writing of the decision. All appeals and supporting documentation are used solely for the purpose of the appeal process and are confidential.

Submission of this form does not guarantee the reinstatement of your financial aid or academic eligibility.

To appeal, please complete this form and attach all requested documentation.

Name _____ Student ID # _____ Phone _____

Permanent Address/City/State/Zip _____

Email Address _____ Major _____ Expected Graduation Date _____
(Student email address is used for all communication and notification of decisions on appeals.)

Use reverse side of page or attachments if you need additional space.

Please indicate the term for which you are appealing. Remember – it is in your best interest to submit your appeal as soon as possible (it could take up to four weeks for your appeal to be reviewed). Appeals may not be accepted after the published deadline.

_____ Spring 2020 (January 10, 2020)

_____ Summer 2020 (May 8, 2020)

_____ Fall 2020 (August 21, 2020)

Your appeal must include the following:

1. This form with the appeal reason selected on page 2
2. All required documentation from the list associated with the appeal reason
3. A statement of explanation is required with each appeal. Explain clearly and in detail the circumstances that prevented you from making satisfactory academic progress. Your appeal must be based on extenuating circumstances that were beyond your control. Lack of awareness of withdrawal policies, requirements for Satisfactory Academic Progress, or unpreparedness for college coursework will not be accepted as reasons for the purpose of an appeal.
4. Your statement should also include information on changes you have made to improve your academic success moving forward. Specifically outline your plan to improve your academic progress and explain what has changed that will allow you to meet the requirements in the future (BE SPECIFIC, such as seeking tutoring, working fewer hours, taking fewer credits, personal/health problems that have been resolved and how, etc.). A specific plan of action is required, and you must adhere to that plan.
5. Include any 3rd party documentation to verify and/or add strength to your appeal (e.g., a letter from your advisor, faculty, doctor, clergy, counselor, social worker, employer, medical bills, etc.).
6. If you are appealing due to exceeding the 150% maximum attempted credit hour limit, you must include a program evaluation. Specifically address what courses you have remaining to complete your program and when you plan to complete your program. You will want to have your academic advisor, or an appropriate person within your academic area, approve and sign your plan. Only remaining courses required for degree completion will be allowed.

Appeals that are submitted without all required components will be returned to the student. Please allow four weeks for completion of your appeal.

CHECK BOX	REASON FOR APPEAL	REQUIRED DOCUMENTATION
	<p><u>Medical</u> Serious illness or injury to you or an immediate family member (parent, spouse, sibling, child) that required extended recovery time.</p>	<p><input type="checkbox"/> Explain the nature and the dates of the illness or injury.</p> <p><input type="checkbox"/> Provide documentation by a medical professional/establishment or insurance provider.</p>
	<p><u>Death of a family member or a friend</u></p>	<p><input type="checkbox"/> Provide the name of the deceased and city of residence.</p> <p><input type="checkbox"/> Provide statement of relationship with the deceased.</p>
	<p><u>Mitigating Circumstances</u> Significant trauma in the your life or unexpected events that impaired your emotional or physical health or unexpected circumstances beyond the your control</p>	<p><input type="checkbox"/> Explain the nature and date of the specific traumatic event or unexpected circumstances that impacted success.</p> <p><input type="checkbox"/> Explain what steps have been taken to overcome the event or circumstances.</p> <p><input type="checkbox"/> Provide documentation from a third party (i.e., physician, social worker, psychiatrist, police, etc.).</p>
	<p><u>Proof of academic success</u> Since being suspended you have successfully completed at least 6 credits with a 2.0 GPA or higher – failed or dropped courses during that time will count negatively.</p>	<p><input type="checkbox"/> Explain what steps have been taken to become academically successful</p> <p><input type="checkbox"/> Provide a copy of the academic proof of success (e.g., transcript, or grade report): If you are a Southeast Tech student the Appeal Committee will access this so the student does not need to provide a <i>physical</i> copy.</p> <p><input type="checkbox"/> Include an **Academic Plan for the next academic year signed by your academic advisor</p>
	<p><u>Maximum Timeframe:</u> You have exceeded the number of credits allowed for your degree.</p>	<p><input type="checkbox"/> Explanation why the credit limit has been exceeded (i.e., transfer, change of major, second degree, etc.)</p> <p><input type="checkbox"/> Include an ***Academic Plan for the remainder of your program specifically showing what courses you have left and when they will be taken.</p> <p>You must have the Academic Plan signed by your academic advisor.</p> <p>(Only remaining courses required for degree completion will be allowed.)</p>

I certify that the information provided on this form and with this appeal request is accurate to the best of my knowledge. I further understand that the decision of the Appeal Committee is final and that I will be notified in writing (via email) as to whether my appeal was granted or denied.

Student Signature _____ **Date** _____

Southeast Tech Review (**for office use only**)

Total Credits Attempted / Total Credits Completed / Cumulative GPA _____

Last Term Attended / Credits Attempted for that Term / GPA for that Term _____

Approved ___ (Status _____) Not Approved ___

Academic Plan

***Required for SAP Appeal based on Academic Success: This is your plan for the next academic year.

***Required for SAP Appeal based on Maximum Timeframe: This is your plan for the remainder of your program.

Student Name: _____

Student ID: _____

Major: _____

Projected Grad Date: _____

Academic Advisor: _____

Term: _____

Course Number	Course Title	# of Credits

Term: _____

Course Number	Course Title	# of Credits

Term: _____

Course Number	Course Title	# of Credits

Term: _____

Course Number	Course Title	# of Credits

Term: _____

Course Number	Course Title	# of Credits

Term: _____

Course Number	Course Title	# of Credits

Student Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____