



University of South Carolina Regional Campuses

Lancaster, Salkehatchie, Sumter, Union

Financial Aid Satisfactory Academic Progress (FASAP) Appeal

Name: \_\_\_\_\_ Last Four Digits of SSN: xxx-xx-\_\_\_\_\_

Degree you are currently seeking: \_\_\_\_\_ Term appealing to receive financial aid: \_\_\_\_\_

Required items for appeal: Failure to include these items will result in an automatic denial.

- A completed appeal form.
• Typed Statement: Provide a detailed explanation of the factors which contributed to your lack of academic progress.
• Proof that the event you describe occurred.
• An Academic Plan showing the course hours/grades you must complete/earn to graduate with your declared major (or)
• A Graduation Plan (separate form) describing your academic goals, if you will exceed the timeframe of attempted hours for your first degree or work towards a second degree.

Type of Appeal (indicate all that apply)

- Grade Point Average (GPA) - If this appeal is based upon your cumulative grade point average, your statement must address the issue as to why your cumulative GPA is below the required standard.
○ Completion Rate - If the ratio (hours completed divided by hours attempted) is less than 67%, your statement must address the issue of enrolling in courses and receiving a Withdrawal (W), an Incomplete (I), or an "F" which has negatively affected your completion rate.
○ Timeframe - If your appeal is based on exceeding the maximum timeframe for receiving financial aid at USC (150% of your program length), your statement must address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements.

Reason for Appeal (indicate all that apply)

- Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
○ Death/Illness: If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
○ Other Circumstances: Please clearly state the circumstances (not listed above) and provide appropriate documentation.

FASAP Academic Plan

Indicate planned hours and GPA needed to become within FASAP standards. [ ] Check box and skip this section if providing a printed plan from Financial Aid Office.

Table with 3 columns: Term/Year, Hours, Planned GPA

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All requested documentation must be attached to this form or it will not be accepted.

## FASAP Appeal Certification Statement

I certify the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining why I could not complete my classes and what will be different about the upcoming semester. I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in all future semesters. I have read the FA SAP Policy. I understand the completion of this appeal does not constitute an approval of my appeal and I will receive a written notification of the final decision.

Printed Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

*Next section must be completed by an academic advisor before submission to the Financial Aid Office.*

## Academic Advisor/Academic Counseling Center

This is to certify that the above referenced student has been seen by me and that he/she will be able to continue in his/her program of study.

Student's current major \_\_\_\_\_

Hours earned toward degree \_\_\_\_\_ Remaining hours needed to complete degree \_\_\_\_\_

**Academic Advisor/Counselor Signature** \_\_\_\_\_

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

Printed Name and University Title/Position \_\_\_\_\_

*Do not write below*

## FASAP Appeal Committee Decision

Appeal Term \_\_\_\_\_ Current Academic Year \_\_\_\_\_ cum GPA \_\_\_\_\_ Hrs Attempted \_\_\_\_\_ Hrs Earned \_\_\_\_\_

Appeal Considered Based on:

\_\_\_\_\_ Traumatic/Extraordinary Event

\_\_\_\_\_ Death (Immediate Family Member)

\_\_\_\_\_ Personal Illness of Student

\_\_\_\_\_ Immediate Family Member Illness

\_\_\_\_\_ Divorce or Separation

\_\_\_\_\_ Other \_\_\_\_\_

Appeal Complete: Y \_\_\_ N \_\_\_ *(If no document system. Return with denial or request additional information.)*

Appeal Denied: Y \_\_\_ N \_\_\_ Reason for Denial \_\_\_\_\_

Appeal Approved student can be within standards next payment period: Y \_\_\_ N \_\_\_

Appeal Approved with academic plan: Y \_\_\_ N \_\_\_ Academic plan criteria: \_\_\_\_\_

**FASAP Committee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If applicable 2<sup>nd</sup> Level Committee Review Results: \_\_\_\_\_

FASAP Committee Signature \_\_\_\_\_ Date \_\_\_\_\_

System Comment \_\_\_\_\_ Awards Updated \_\_\_\_\_ FASAP Status Updated \_\_\_\_\_

FAO Initials \_\_\_\_\_