MONROE COUNTY COMMUNITY COLLEGE
enriching lives

Financial Aid Office
1555 S Raisinville Rd
Monroe, MI 48161
Tel: (734) 384-4135

Financial Aid Office
Satisfactory Academic Progress Appeal Form

Last Name	First Name		Student ID #
Address (include apt. #)	City	State	Zip Code
Phone Number	E-mail Address		Date of Birth

Program of Study: _____ Anticipated Graduation Date: _____ /_____ /_____

Please check the term for which you are requesting reinstatement of your financial aid:

____ Fall 2025 ____ Winter 2026 ____ Summer 2026

Please check the SAP standard(s) you are not meeting (check all that apply)

____ GPA < 2.0 ____ Credit hour completion < 66.66% ____ Credit hours attempted > 150%

Please follow the directions below:

1) You **MUST** attach a **written explanation of the extenuating circumstance(s**) that have contributed to your inability to meet the SAP requirements.

   Please note that we review the entire academic transcript, so if you are below the 2.0 GPA or 66.66% credit hour completion rate you must address **EACH** semester in which you failed or dropped classes. You must address how the issue(s) that impacted your ability to meet SAP standards have been **resolved**.

2) You **MUST** attach **supporting documentation**.

Check all categories that apply to you:

_____ **Health issue(s) experienced by yourself or immediate family member.** Attach supporting medical documentation that explains the nature and dates of the health issue(s).

_____ **Death of an immediate family member.** Attach a photocopy of the death certificate or obituary. State the relationship of the deceased to you.

_____ **Significant trauma in your life that impaired your emotional and/or physical health.** Provide a detailed explanation regarding the specific circumstances that occurred and provide supporting documentation from a third party source (e.g. physician, social worker, police, etc.)

_____ **Other unexpected circumstances beyond your control.** Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation must be provided.

- ***Failure to submit supporting documentation with the appeal may result in an automatic denial of the SAP appeal.***
- *Students who submit incomplete appeals will be notified by the Financial Aid Office via Email or a phone call.*

Student's Signature: _____ Date: _____ / _____ / _____

Office Use Only

_____ Approved for _____ semester only. Student will graduate at the end of the semester. (Student must follow an academic plan.)

_____ Approved, beginning with the _____ semester, and through the _____ semester, by which time the student is expected to be meeting SAP standards or have graduated.

(Student must follow and meet conditions of an academic plan to remain eligible for financial aid during the approved Financial Aid Probation period.)

_____ Denied

FA Signature: _____ Date: _____ / _____ / _____

Comments: