



Trinity Valley Community College  
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**SAP APPEAL**  
(GPA or Hours Completed)  
Satisfactory Academic Progress (SAP)  
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Student Name: \_\_\_\_\_ TVIN: \_\_\_\_\_

Appeal is for (check semester): ☐ Fall ☐ Spring ☐ Summer ☐ Other \_\_\_\_\_ Year: \_\_\_\_\_

The purpose of satisfactory academic progress (SAP) appeal is to allow a student to explain the circumstances that interfered with his or her ability to meet prescribed standards. The outcome of a SAP appeal will depend on the nature of the circumstances, the quality of the documentation the student provides, and how well the student has displayed the ability to progress toward degree completion within a reasonable time period.

### Appeal Guidelines

A student who is no longer eligible for financial aid due to financial aid suspension may appeal this status if unusual circumstances interfered. Submission of an appeal does not guarantee a change in your financial aid eligibility. If an appeal is denied, reinstatement of financial aid will only be granted if a student makes up the deficit that placed them on suspension by paying for classes through other means other than financial aid.

**Appeal Instructions:** Please complete this worksheet by answering all questions and providing **ALL** appropriate documentation to support your appeal. Incomplete appeals will delay the appeal process. ***Appeals submitted without documentation will be automatically denied.***

### Satisfactory Academic Progress Requirements:

1. Maintaining a current and cumulative GPA of 2.0      What is your TVCC cumulative GPA? \_\_\_\_\_
2. Maintaining a minimum completion rate of 67% (cumulative hours passed divided by cumulative hours attempted). Hours attempted include **ALL** classes listed on transcript including grades of 'W', 'I', and 'IP', transfer, college preparatory, and repeat classes, which must be manually calculated.
3. Scholarship GPA and completion rate vary by scholarship.

### Appeal Documentation REQUIRED:

Mitigating Circumstances	Documentation to Include with Appeal
Illness, accident, or injury to student or family member	Documentation such as a physician's statement, police report, and/or hospital billing statement.
Death of a family member	Copy of Obituary or Death Certificate
Divorce or Separation of Student or Student's Parents	Letter from attorney on letterhead, petition of dissolution, or copy of divorce decree
Natural Disaster	Any supporting documentation that describes circumstances
Other extenuating circumstances beyond the control of the student	Provide a written statement from an attorney, professional advisor, or other professional reference describing knowledge of student's circumstances.

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## Academic Plan Contract

Satisfactory Academic Progress (SAP)

GPA\_\_\_\_ PR\_\_\_\_ Hours\_\_\_\_

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The purpose of the Academic Plan Contract is to ensure the student complies with the guidelines stated, to continue to receive federal financial aid.

Student Name: \_\_\_\_\_ SSN/College ID Number \_\_\_\_\_  
(Please Print)

Student's current degree or major? \_\_\_\_\_

When do you expect to graduate from TVCC? \_\_\_\_\_ Month \_\_\_\_\_ Year

### Academic Plan Guidelines

**\*\*All students must have a signed Academic Plan Contract on file.\*\***

- For 150% Max
- Student must have an approved 150% Max Timeframe Appeal on file.
  - Student must have a signed degree audit on file with the financial aid office.
  - Student must only enroll in classes on the degree audit.
  - Student must maintain a "C" or better in all classes.
  - Student must not drop, withdraw or have any "I" grades from any classes.

- For GPA/Hours
- Student must not drop, withdraw or have any "I" grades from any classes.
  - Student must meet SAP 2.0 GPA and 67% pass rate during approved semester.

This signed contract will serve to confirm our agreement and my understanding that if I violate any of the guidelines above, that the contract becomes null and void. Therefore, I will no longer be eligible to receive any further federal Title IV financial aid funds from TVCC. Any future classes taken will be my sole responsibility to pay.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Financial Aid Administrator

\_\_\_\_\_  
Date Signed

***For financial aid purpose only:***

Notes: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Semester Contract Terminated: \_\_\_\_\_ FAC: \_\_\_\_\_