



**SATISFACTORY ACADEMIC PROGRESS FINANCIAL AID APPEAL FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Semester Requesting Reinstatement (Select one): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year

**Reason for Appeal:**

- GPA lower than required
- Attempted 3 Programs
- Rate of completion/pace lower than required
- Maximum time without a degree earned

**INSTRUCTIONS**

- Attach letter outlining mitigating circumstances beyond your control that prohibited you from meeting Financial Aid Satisfactory Academic Progress (SAP) requirements. Also explain the changes that have occurred since your last attendance that will enable you to meet Financial Aid Satisfactory Academic Progress requirements for future semesters.
- Attach appropriate documentation for mitigating circumstances. Examples would include letter confirming medical treatment/illness, severe accident, or death in immediate family and/or how that family member's death affected your academic progress.

**Financial Aid Appeals submitted without any documentation will be denied.**

Submission of this form does not guarantee an approval. My signature certifies that the information and documentation I am submitting in support of this appeal is accurate and complete. I understand that any false information will be cause for denial of this appeal.

If my appeal is denied, I understand that I am responsible for paying my tuition and fees I have incurred and will not be eligible for any types of financial aid that requires the Standards of Satisfactory Academic Progress to be met.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Return the Financial Aid Appeal Form and all required forms to following address:

**Trenholm State Community College**  
**Financial Aid Office**  
**PO Box 10048**  
**Montgomery, AL 36108**  
**Phone: 334-420-4317**  
**Fax: 334-420-4343**