# Satisfactory Academic Progress Appeal for Student Financial Aid Recipients

If you were unable to maintain SAP due to the following reasons, submit an appeal and documentation.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious injury, illness or mental health condition involving student or immediate family.</td>
<td>Statement from physician or mental health professional, reflecting date(s) of occurrence/treatment.</td>
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<tr>
<td>Death of immediate family member.</td>
<td>Copy of death certificate, paper obituary/link to online obituary, or statement from physician.</td>
</tr>
<tr>
<td>Other circumstances beyond the student’s control.</td>
<td>Documentation that supports the situation.</td>
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</tbody>
</table>

The Appeals committee will decide your appeal solely on the basis of written information submitted (which should include this complete form, your written statement and additional documentation supporting your circumstance). It is extremely important that your letter fully describe the extenuating circumstance that prevented you from making satisfactory academic progress as defined in the GHC Student Handbook.

## FOR OFFICE USE ONLY

(Do not write below this line)

- [ ] 67%
- [ ] 150%
- [ ] 150% Limit
- [ ] Dismissal
- [ ] Additional Information

Received

- Report Date: ______________
- Previous appeal(s): _______________________

Approved [ ] Denied [ ]

Comments: __________________________________________

_____________________________________________________

_____________________________________________________

- W(s) _____ I(s)_____ F(s)_____ F$(s)_____ WF(s)_____

Reviewers Initials: ________ Date: __________