



Chattanooga State Community College
Financial Aid Office
4501 Amnicola Highway
Chattanooga, TN 37406
Phone: 423-697-4402
Fax: 423-697-3126
www.chattanoogastate.edu/financialaid

Financial Aid Satisfactory Academic Progress (SAP) Appeal

Regulations require all financial aid recipients to maintain Satisfactory Academic Progress (SAP). Students must pass at least 67% of all *attempted* hours (including grades of W, I, F, and AU) by the end of each spring term. Additionally, students may receive Federal aid up to 150% of their published program length. Technical Certificates are evaluated individually as required hours for programs may differ. You may refer to SAP regulations at <http://www.chattanoogastate.edu/financialaid/akeep2.html#satisfactory>.

Print clearly:

			A
_____	_____	_____	_____
Last Name	First Name	M.I.	Student User ID #

_____	_____	_____	_____
Address	City	State	Zip

			@my.chattanoogastate.edu
_____			_____
Telephone Number	Chattanooga State E-Mail		

Indicate the reason for the appeal:

- Withdrew / No credit hours earned for two consecutive semesters.
- Passing less than 67 percent of all cumulative attempted hours (includes grades of W, I, F, and Audit).
- Cumulative GPA below 2.0.
- Exceeded 150 percent of current program length. Attach Educational Plan completed with your Advisor.

To appeal your SAP status, provide the following information:

1. Attach a detailed letter explaining why you have not made SAP for the last two semesters attended, and what actions you have taken to correct the situation.
2. Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information on this appeal form.

Attach the following information accessible from *TigerWeb*/Student:

1. Unofficial copy of current transcripts.
2. Copy of your current schedule, if registered.
3. Copy of Current Program of Study and Expected Graduation Date.

▶ Failure to provide sufficient information may result in your appeal being denied. ◀



The appeal decision and/or request for additional information will be sent to your *TigerWeb*/Financial Aid/Financial Aid Status/Active Messages.

Student Statement

My signature below certifies that the above information and attached documentation are correct to the best of my knowledge.

Student Signature

Date

Appeals Committee Evaluation

_____ Appeal Approved with no Conditions

_____ Approved with Conditions
See conditions below.

- Approved through _____ semester to take _____ (#/hrs).

- Must make appointment with _____
Of Career Planning & Counseling to complete and submit an Academic Success plan by: _____.

- Must make grades of _____ in ALL attempted classes for the _____ semester.

- Must maintain a 2.0 GPA or better to continue.

- Further appeals will not be considered until conditions of this one are met.

_____ Appeal Denied with no Conditions

_____ Appeal Denied with Conditions
See Conditions below.

- Must pay for _____ semester(s) at own expense.

- Must complete _____ semester hours with a GPA of _____ or better.

- Must make appointment with _____
of Career Planning & Counseling for academic assistance and/or personal counseling before reinstatement will be considered.

- Further appeals will not be considered until conditions have been met.

- No further appeals will be considered.

Additional Comments _____

Appeals Committee Signatures:

	Date _____
	Date _____
	Date _____