

University of South Carolina Beaufort Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902 Office: 843-521-3104 ♦ Fax: 843-521-3194 ♦ www.uscb.edu Email: uscbfina@uscb.edu

### Instructions for Filing the Satisfactory Academic Progress Appeal Form

Students who are not eligible for federal, state, or institutional financial aid due to academic reasons have the option to appeal this decision to the Satisfactory Academic Progress (SAP) Standards Committee. Appeals must follow the procedures outlined below and will be considered before classes commence each semester.

To assist you in completing the SAP Appeal Form, please read the following instructions carefully. Any appeal forms that are incomplete or lack supporting documentation from a third party will be denied.

Completed appeals for any term/semester must be received in the Financial Aid Office by the following established priority deadlines:

- Fall Semester July 1
- Spring Semester December 1

### **General Instructions:**

- 1. Complete the SAP Appeal Form (second page)
- 2. Include a signed, wet signature or DocuSign along with a typed, detailed personal statement that addresses the following:
  - a) The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s). If your circumstances cover a period of time in which you were not enrolled, it is not relevant to the appeal. Therefore, those circumstances could not have prevented you from being successful if you were not enrolled.
  - b) How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
  - c) Outline your plan to meet the SAP requirements by the end of your next term of enrollment.
- 3. To support your case, you must provide official documentation confirming your extenuating circumstances. This may include third-party statements from professionals such as a physician, counselor, lawyer, social worker, or clergy, as well as police reports, obituaries, death certificates, court documents, or other relevant professional documentation explaining why you were unable to meet the SAP standards. **Please note that photographs and images are not acceptable.** Consideration for extenuating circumstances includes::
  - a) Physical/mental health: need documentation from a doctor (signed)
  - b) Change in work schedule due to company demand: need documentation from employer on company letterhead
  - c) Death: need copy of death certificate as documentation
  - d) Divorce or separation: need documentation from court or attorney

#### Examples of unacceptable circumstances include (but are not limited to):

- *i.* The need for financial aid
- *ii.* Withdrawal to avoid a failing grade(s)
- iii. Too many courses attempted because of major changes
- iv. Repeating courses for a better grade
- v. Disagreement with the professor(s)
- vi. Voluntary change in work schedule
- 4. Return the **completed appeal form**, **official supporting documentation and a copy of your unofficial transcript** (available on your Self-Service Carolina account) to the Financial Aid/VA Office.
- 5. You will be notified by email of the results of the committee's decision within seven to ten (7 to 10) business days after the committee's review of your appeal. The email will be sent to your USCB email account.

## Satisfactory Academic Progress Appeal Form (cont)

# SECTION A: Student Information (to be completed by the student

Academic Year          Last Name       First Name         Email Address       Student's Signature         ************************************	Middle Name			Student VIP ID Telephone Numb	)er	
Email Address Student's Signature ********************************					Der	
Student's Signature	****			Telephone Numb	Der	
******	*****					
	*****			Date		
	ed by your advisor before se	***** ending	************** to the Financi	**************************************	************ Office)*	
Student's Current Major				Expected Gradua	ition Date	
Hours Earned Toward Degree				Hours Remaining Toward Degree		
Printed Name and University Title/Position				Date		
*This is to certify that the above-referenced studen ************************************	******	* * * * * *	*****	*****		
Appeal Term	umulative Grade Point Average	-		Hours Attempted	k	
Hours Earned Co	ompletion Rate	-		Maximum Time I	Frame	
SAP Appeal(s)						
Comments / Recommendations:						
***************************************					*****	
SECTION D: Satisfactory Academic Progress St	natic Extraordinary Event		Immediate Fam	ily Member Illness		
<ul><li>Death</li><li>Description</li></ul>	n (Immediate Family Member) nal Illness of Student/Mental b		-		Company/Employer	
Death Death	nal Illness of Student/Mental				Company/Employer	