

#### **University of South Carolina Beaufort**

Financial Aid/Veterans Affairs Office 801 Carteret Street ◆ Beaufort, SC 29902

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### Instructions for Filing the Satisfactory Academic Progress Appeal Form for First Undergraduate Degree

Any student whose eligibility for financial aid, scholarships, stipends, or employment has been terminated for academic reasons may appeal that decision to the Satisfactory Academic Progress (SAP) Standards Committee by following the procedures explained below. The Appeal Committee will consider appeals prior to classes beginning each semester.

These instructions are provided to assist in the completion of the SAP Appeal Form. Please read and follow the instructions carefully. **Incomplete appeal forms and appeals with no supporting third party documentation 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 enclosed SAP Appeal Form and submit any additional information requested.
  - a) Section A is to be completed by the student.
  - b) Section B must be completed by the Academic Advisor.
  - c) Section C will be completed by the Financial Aid/VA Office.
- 2. You must include a signed and 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) What you intend to do to meet the satisfactory academic progress requirements by the end of your next term of enrollment.
- 3. You must provide **official documentation** to confirm your extenuating circumstance(s), such as third-party statements (e.g. physician, counselor, lawyer, social worker or clergy), police reports, obituary or death certificate, court documentation or other professional(s) detailing the reasons for your inability to meet the SAP standards. Consideration for extenuating circumstances includes:
  - a) Physical/mental health: need documentation from a doctor (signed)
  - b) Change in work schedule: need documentation from employer
  - 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):

- a) The need for financial aid
- b) Withdrawal to avoid a failing grade(s)
- c) Too many courses attempted because of major changes
- d) Repeating courses for a better grade
- e) Disagreement with the professor(s)
- f) 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 (7) days after the committee's review of your appeal. The email will be sent to your USCB email account.

# Satisfactory Academic Progress Appeal Form for First Undergraduate Degree

## **SECTION A: Student Information**

		Check One:		Fall	☐ Spring	☐ Summer
Academic Year						
Last Name	First Name	Middle Name			Student VIP ID	
Email Address					Telephone Numb	oer
Student's Signature					Date	
******************* SECTION B: Acaden	*************** nic Advisor / Acado	************************** emic Counseling Center – Mu	******** st be comp	eted by Acader	****** mic Advisor	
Student's Current Ma	jor				Expected Gradua	tion Date
Hours Earned Toward	 Degree				Hours Remaini	ng Toward Degree
*This is to certify th	at the above-referen	ced student has been seen by me	e and that he	/she will be able	to continue in his/he	r program of study
Academic Advisor / Counselor's Signature					Date	
Printed Name and Un	iversity Title / Position					
	·					
		**************************************				Office
SECTION C. I manch	ar Aid y Veteralis A	mass be comp	icicu by the	i munciui Aiu į	Veterans Anans	omee
Appeal Term		Cumulative Grade Point A	werage		Hours Attempted	d
Hours Earned		Completion Rate			Maximum Time Frame	
SAP Appeal(s)						
Comments / Recomm	endations:	*******	******	******	****	
SECTION D: Satisfac	ctory Academic Pro	ogress Standards Committee	– for the Co	mmittee's use	only	
Appeal Approval Base	ed On:	Traumatic Extraordinary Even Death (Immediate Family Me Personal Illness of Student		Immediate Far Divorce or Sep Change in Wor		
Appeal Approval Perio	 od				Appeal Denied:	0
Academic Plan/Stipul	ation and Comment	s:				
Signature (Chairperso	n of Committee)				Date	