



## SATISFACTORY ACADEMIC PROGRESS APPEAL

Based on your academic performance and/or total accumulated hours, you are no longer eligible for financial aid as established by The Citadel's Satisfactory Academic Progress (SAP) Policy. To appeal this decision, you are required to explain special circumstances during the semester or academic year that prohibited you from performing in your classes and/or the reasons that you have accumulated excessive units without graduation.

**Complete this form:** clearly explain all extenuating circumstances and submit supporting documents to the financial aid office. Paperwork is due two weeks prior to the end of the semester under appeal. Committee review of your appeal may take 2-4 weeks, and you will be notified via email of the committee's decision. If you have registered for classes, you must pay all fees by the deadline to avoid being dropped from classes.

Student Name \_\_\_\_\_ CWID \_\_\_\_\_ Date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Major \_\_\_\_\_

## STEPS TO COMPLETE THE SAP APPEAL

### Step 1: Check all that apply

- Grade Point Ratio below minimum standard:**

My Citadel GPA is below the required minimum for my grade level according to The Citadel's catalog.

- Pace Progression below required standard:**

I have not completed: 24 hours/year or 12 hours if enrolled for one semester as a full-time undergraduate; 18 hours/year or 9 hours if enrolled in one semester as a full-time graduate student; or at least 66% of my attempted credit hours if a part-time evening undergraduate student or part-time graduate student.

- Exceeded Maximum Hours:**

I have attempted more than 150% of the hours required toward the completion of my degree.

**Step 2: Check the semester for which this appeal is being filed:**      \_\_\_Fall \_\_\_Spring \_\_\_Summer

### Step 3: Explanation of extenuating circumstances

Reason for Appeal	Date Occurred
Injury/Illness - include any medical documentation*	
Death of family member – include copy of obituary	
Mental health – include a letter or records from a mental health professional*	
Other - Please specify in a separate letter and include supporting documentation	

*\*Documentation need not include details of your diagnosis or treatment, but should indicate that there was a significant impact on your ability to function as a student. Attach any supporting documents to this form.*

### Step 4: Attach your letter of explanation

- Attach a letter which explains your personal situation that resulted in your SAP issue. Include any letters from your medical doctor, employer, or any other academic department that may support your hardship.

### Step 5: Complete your Student Academic Plan

- Schedule an appointment with MAJ Melinda S. Norris in the Academic Affairs Office, Room 369D in Bond Hall. MAJ Norris can be reached at 843-953-6773 and/or [mnorris2@citadel.edu](mailto:mnorris2@citadel.edu). Complete all of the requirements set forth in your academic plan.

**CERTIFICATION:** I certify that the information on this form and any attachments is complete and accurate. I understand that I am responsible for meeting any payment deadlines while waiting on an appeal decision and approval of my appeal is not guaranteed. I understand that if my appeal is approved, my academic progress will be reviewed on a semester basis and my failure to meet the conditions of my approved appeal will result in the loss of my financial aid eligibility. Pen Required: Electronic signatures are not accepted.

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

# REQUIRED ACADEMIC PLAN

<b>GPA Projection Semester Plan</b>		
GPA Projection Semester 1		
Cumulative GPA:	Required GPA:	
By the end of _____ (term/year), I will earn a GPA of at least _____ via the courses listed below:		
Course Name/#	# of credit hours	Repeated Course
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

<b>GPA Projection Semester Plan</b>		
GPA Projection Semester 2		
Cumulative GPA:	Required GPA:	
By the end of _____ (term/year), I will earn a GPA of at least _____ via the courses listed below:		
Course Name/#	# of credit hours	Repeated Course
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

## Pace Progression Semester Plan

<b>Pace Progression Projection:</b> This chart explains hours required per student cohort. If you have fallen short of the requirement matching your status, you must complete a future semester schedule plan to achieve satisfactory pace progression.		<b>Pace Progression Semester Plan</b>
<b>Full-time Undergraduates:</b> I have not earned 24 hours/year; 12 hours/semester	<b>Required Hours/Semester:</b> 12	Semester _____ Year _____ Initials _____
<b>Full-time Graduates:</b> I have not earned 18 hours/year; 9 hours/semester	<b>Required Hours/Semester:</b> 9	Semester _____ Year _____ Initials _____
<b>Part-time Undergraduates/Graduates:</b> I have not earned 66% of all attempted hours	<b>Required Hours/Semester:</b> 66% of attempted hours	Semester _____ Year _____ Initials _____

## PLAN CERTIFICATION

**Student Agreement:** I understand that as a full-time student, if my academic plan includes fall and/or spring semester, I am expected to earn at least 12 credits each semester as an undergraduate and at least 9 credit hours each semester as a graduate student. I am expected to earn at least 66% of my attempted hours if I am enrolled less than full time. The academic plan I have developed is reasonable and acceptable. I have a clear understanding of what I need to do to be academically successful at The Citadel. If I have any questions or need further assistance, I will follow up with my Academic Support Advisor. I understand that failure to successfully meet my academic plan could result in the loss of eligibility for federal financial aid. Finally, I agree that I have received a copy of this signed SAP Academic Plan. Pen Required: Electronic signatures are not accepted.

\_\_\_\_\_/\_\_\_\_\_  
 Student's Signature Date

**Academic Advisor's Certification:** I have met with and advised this student. This academic plan is reasonable and acceptable.

\_\_\_\_\_/\_\_\_\_\_  
 Advisor's Signature Date

**Office of Financial Aid & Scholarships**

## Example of a valid explanation statement (mandatory for SAP Appeal review)

Date: October 22, 2020

Name: Boo V. Bulldog

Student ID: xxx xx xxx

RE: SAP Appeal Explanation Statement

### I. What happened?

Reason for your appeal may include situations such as those listed below and must comprise extenuating circumstances that impacted your ability to function as a student.

-Injury or Illness: Please include a summary of what occurred and attach supporting documents

-Death of a family member: Please attach any supporting documents

-Mental Health: Please include a letter or records from a mental health professional indicating there was a significant impact on your ability to function as a student and attach any supporting documents

-Other: Please specify and include supporting documentation

### II. What has changed / your plan moving forward?

Reasons you feel confident you are able to continue coursework and improve academic progress. Please include your plans to assist you in continuing satisfactory academic progress.

### III. Attached documentation verifying circumstances (only a few possible examples):

A medical doctor's note

A copy of hospital bill

A statement from my physical therapist indicating a therapy schedule

A copy of a flight itinerary for a funeral

Thank you for your time.

Sincerely,

Cadet Boo V. Bulldog

**You must sign and date your letter prior to submittal.**