SATISFACTORY ACADEMIC PROGRESS APPEAL
UACCB • Office of Financial Aid • P.O. Box 3350 • Batesville, AR 72503 • (870) 612-2036 • (870) 612-2129 (FAX)

NAME: ___________________________________________ Student ID# __________________
First    Middle    Last

ADDRESS: _____________________________________________________ ___________________________

CITY: ___________________________________ STATE: _______________ ZIP: ___________________

PHONE: ______________________________

FOR WHICH TERM ARE YOU APPLYING FOR AID: ______________________________

GENERAL INFORMATION
All students enrolled at UACCB who receive any Title IV aid (Pell Grants, student loans, work study) should meet the Satisfactory Academic Progress (SAP) requirements located in the UACCB Catalog. The financial aid office will review students’ academic progress at the conclusion of each semester of each school year and/or during the application process. Transfer work will be evaluated in the same manner as credit hours received at UACCB.

APPEAL PROCEDURE
Financial aid applicants who wish to appeal their financial aid suspension to regain financial aid eligibility should read this form carefully. Verification of EXTENUATING circumstances (i.e., Doctor’s statement, copy of death certificate, obituary, etc.) showing the reason you fell short of the academic progress criteria AND what has changed in your situation that will allow you to meet these requirements in the future. You must also attach a degree audit printed from WebAdvisor to include with your appeal. If any required attachments are not included, your appeal will be considered incomplete and will NOT be approved. After completing this form either drop it off at the UACCB Financial Aid Office located in the Main Campus Building or mail it to UACCB Financial Aid Office, PO Box 3350, Batesville, AR 72503, or FAX to 870-612-2129. No further processing of your financial aid application will occur until you are again making Satisfactory Academic Progress or until an appeal is granted.

STUDENT APPEAL
I affirm that I have read the Satisfactory Academic Progress policy (located in the UACCB catalog’s Financial Aid section) and the appeal process for students who are not in compliance with the policy. I accept my responsibility as a student at UACCB to understand the SAP policy and to take action to meet the standards of the policy. I understand that the information I am submitting on the SAP appeal form along with attached documentation and information provided by me and in any interviews related to the appeal process are for the sole purpose of making a decision to approve or deny this or any subsequent SAP appeal.

PLEASE COMPLETE PAGE 2 ON REVERSE SIDE OF THIS FORM.
I feel the following extenuating circumstances prevented me from achieving academic success (explanation and documentation must be provided or appeal will be denied.) Attach additional sheet if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following changes have occurred which will allow me to meet the SAP Standards in future terms:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature __________________________________________ Date ____________________________

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Appeal: [ ] Approved  [ ] Denied

COMMENTS:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

DATE REVIEWED:_______________