Keene STATE COLLEGE Wisdom to make a difference.

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ Student ID: _____

Indicate which condition applies to your situation (check one of the following):
☐ Serious physical or mental illness of the student
☐ Serious physical or mental illness of the student's immediate family member
☐ Death of the student's immediate family member

Please explain and also include what has changed to allow me to meet SAP at the end of the next evaluation:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I understand that this appeal is subject to review by the Satisfactory Academic Progress Appeals Committee.
I understand that approval or denial of this appeal will be based on information contained in my written appeal.

The Financial Aid Office staff will review the information I provide and will respond via email regarding the outcome of my appeal.

_____ _____ _____
Student Signature Printed Name Date

Return this SAP Appeal Form and a copy of completed Academic Plan:
Financial Aid Office
229 Main St
Keene, NH 03435

Keene STATE COLLEGE Wisdom to make a difference.

SAP ACADEMIC PLAN

Student Name: _____ Student ID: _____

As a student seeking an appeal, I understand that if an appeal is granted for the upcoming semester, I understand that I am required to do the following:

1. I will earn a minimum Grade Point Average (GPA) of 2.0.
2. I will not withdraw from courses listed on this academic plan.
3. I will receive a grade for each course I take. I understand that incompletes are not allowed.
4. I will enroll in no more than 4 courses for the semester including:

The Director of the KSC Academic and Career Advising Center and I have discussed the following strategies for the upcoming semester:

1. Courses I will repeat this upcoming semester in order to improve my GPA:

2. Topics for which I'll seek tutoring:

3. I will meet with _____each month during the semester to discuss my academic progress. I will provide a written self-assessment of my progress in my classes including test scores, upcoming exams, workload and attendance.

4. I will visit _____ by _____ for the first monthly meeting and I will meet once per month and other times as necessary. It is my responsibility to make and commit to these monthly meetings.

I understand that I must submit a **signed** Satisfactory Academic Progress Appeal Form and a **signed** SAP Academic Plan. I understand that failure to follow this SAP Academic Plan may result in cancellation of financial aid from the college and that this plan is valid for one semester only. After the semester has ended, I understand that my transcript will be reviewed to determine if I have fulfilled the terms of this SAP Academic Plan and whether I may continue to receive financial aid.

_____ _____ _____
Student Signature Printed Name Date

_____ _____
Director of ACA Signature Date

Please return the completed and signed SAP Academic Plan form to the Financial Aid Office in Elliot Hall.

Financial Aid Office
Keene State College
229 Main St
Keene, NH 03435