



## Financial Aid Satisfactory Academic Progress (FASAP) Appeal Cover Sheet

Check the term of your appeal:     \_\_\_ FALL' 20     \_\_\_ SPRING' 21     \_\_\_ SUMMER'21

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**As a student at American Baptist College, continued enrollment and eligibility to receive financial aid is contingent upon maintaining Satisfactory Academic Progress (SAP) per the University's SAP Policies (see the American Baptist College Student Handbook or Catalog for a detailed explanation of the SAP Policy). Also, for purposes of attending American Baptist College with academic approval only without needing financial aid you will not have to complete a Financial aid SAP appeal.**

The following chart illustrates a summary of the Financial Aid SAP Policy standards needed to maintain **eligibility for federal and state financial aid**:

Total Attempted Credit Hours	Minimum Cumulative G.P.A. required	Minimum Cumulative Completion Rate required
0-29 hours (freshman)	1.8	67%
30+ (sophomores/juniors/seniors)	2.0	67%

**This appeal cover sheet must include the following for Financial Aid SAP appeals:**

- A typed personal statement explaining the extenuating circumstances that caused you not to meet SAP standards**
- Provide supporting documentation to support your appeal statement (e.g., obituary, physician statement, hospital paperwork, court documents, etc.) if applicable**
- Explain what has changed and your plan of action to ensure future academic success**

By submitting this appeal, I certify the information I have provided is true and complete to the best of my knowledge. I have reviewed the SAP policy and understand that I have not met the University's minimum SAP standards for continued enrollment and/or to receive financial aid. Submission of this appeal is not a guarantee that my appeal will be approved by the SAP Committee. Further, I understand that I must meet the SAP Standards and follow my academic plan to continue to receive Federal and/or State Financial Aid.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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-----**For Financial Aid Office Use Only**-----

Hours: Attempted \_\_\_\_\_    Earned \_\_\_\_\_    Cum. GPA \_\_\_\_\_    Completion Rate \_\_\_\_\_%

Appeal Status (check one):     Approved     Denied     Pending additional information

SAP Status (check one):     Warning     Suspension     Probation

Comments: \_\_\_\_\_  
\_\_\_\_\_

SAP Committee Signature/Initials:

Registrar \_\_\_\_\_    Date: \_\_\_\_\_

FinAid \_\_\_\_\_    Date: \_\_\_\_\_

Faculty \_\_\_\_\_    Date: \_\_\_\_\_

FinAid \_\_\_\_\_    Date: \_\_\_\_\_