



Financial Aid Satisfactory Academic Progress (FASAP) Appeal Cover Sheet

Check the term of your appeal: FALL' ____ SPRING' ____ SUMMER' ____

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%
Maximum Timeframe=150% attempted of program credit requirement	Associate's Degree 90 max attempted cr hrs Bachelor's Degree 180 max attempted cr hrs	Bachelor's Behavioral Studies 189 max attempted credit hours

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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SPRING' ____

SUMMER' ____

-----**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: _____