



FINANCIAL AID APPEAL FOR SATISFACTORY ACADEMIC PROGRESS

Student's Name _____ I.D.# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

The Higher Education Act of 1965 requires institutions of higher education to establish and apply standards of satisfactory academic progress (SAP) that all students must meet to remain eligible for federal financial aid.

I am appealing my suspension for: GPA < 2.0 _____ Completion Rate < 67% _____ Both _____

In which term and year would you like aid reinstated? (Fill in the year next to the term)

Fall _____ Spring _____ Summer _____

SAP Appeal Instructions

1. Provide a typed personal statement including all of the following:
 - a. A detailed explanation of your exceptional circumstances. This must include what happened, when it happened and how long the condition lasted (exact dates), where it happened, the names of persons involved, and how or why the incident affected your academic progress.
 - b. How your situation has improved so that you may now maintain SAP.
 - c. Steps you have taken to ensure your progress in the future.
 - d. Your academic goals.
 - e. Your signature and date.
2. Provide supporting documentation applicable to your circumstances:
 - a. Examples include police reports, court documents, death certificates or obituaries, insurance damage reports, bills for treatment or other services, etc.
3. Provide typed statements from at least two other individuals, not relatives, who will corroborate your statement above. Examples include employers, medical or mental health professionals, case managers, professors, instructors, or other credible professionals. Each statement must include at least:
 - a. An explanation of how he or she is aware of your exceptional circumstances.
 - b. A detailed explanation of your exceptional circumstances. This must include what happened, when it happened and how long the condition lasted (exact dates), where it happened, the names of persons involved, and how or why the incident affected your academic progress.
 - c. How your situation has improved so that you may now maintain SAP.
 - d. Steps you have taken to ensure your progress in the future.
 - e. His or her contact information – name, address, and phone numbers. If a business, the statement must be on official company letterhead.
 - f. His or her signature and date.
4. Deliver the completed Suspension Appeal Form with all supporting documentation to the Financial Aid Office at FKCC, 5901 College Road, Key West, FL 33040, to the FKCC Middle Keys Center, or to the FKCC Upper Keys Center. Do not submit any documents individually. Do not have supporting letters or documentation sent directly to our office. Incomplete submissions will be rejected. Submission via fax or email is not acceptable.

- We will review your complete appeal within 30 working days from the date it is received. Notification will be via email to your FKCC student email account. Please monitor your email and do not call the Financial Aid Office to check the status of your appeal unless 30 working days have elapsed and you have not received an email. Please note that the Financial Aid Office or the Appeal Review Committee may request additional documentation.

**SUBMISSION OF YOUR APPEAL DOES NOT
GUARANTEE REINSTATEMENT OF FINANCIAL AID ELIGIBILITY.**

I understand that I may be granted only one Satisfactory Academic Progress appeal at FKCC. If my appeal is approved, my financial aid status will be changed from suspension to probation.

If my appeal is approved, I understand that for the duration of my enrollment at Florida Keys Community College I must maintain a minimum GPA of 2.0, I must maintain a completion rate of at least 67% and I cannot receive any grades of W, I, D or F. I understand that if I fail to maintain these standards I will immediately be placed on Financial Aid Suspension without the option to appeal.

Student Signature

Date

For official use only:

GPA:	Overall _____	FKCC _____	Transfer _____
Hours Attempted:	Overall _____	FKCC _____	Transfer _____
Hours Earned:	Overall _____	FKCC _____	Transfer _____
Completion Rate:	Overall _____	FKCC _____	Transfer _____

Approved _____ Disapproved _____

Comments/Conditions/Restrictions:

Signature: _____ Name _____ Date _____

Signature: _____ Name _____ Date _____

Signature: _____ Name _____ Date _____