

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ◆ Beaufort, SC 29902

Office: 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

Instructions for Filing the Satisfactory Academic Progress Appeal Form for First Undergraduate Degree

Any student whose eligibility for financial aid, scholarships, stipends, or employment has been terminated for academic reasons may appeal that decision to the Satisfactory Academic Progress (SAP) Standards Committee by following the procedures explained below. The Appeal Committee will consider appeals prior to classes beginning each semester.

These instructions are provided to assist in the completion of the SAP Appeal Form. Please read and follow the instructions carefully. **Incomplete appeal forms and appeals with no supporting third party documentation will be denied.**

Completed appeals for any term/semester must be received in the Financial Aid Office by the following established priority deadlines:

- Fall Semester July 1
- Spring Semester December 1

General Instructions:

- 1. Complete the SAP Appeal Form and submit additional information requested.
 - a) Section A is to be completed by the student.
 - b) Section B must be completed by the Academic Advisor.
 - c) Section C will be completed by the Financial Aid/VA Office.
- 2. You must include a signed, by hand or DocuSign, typed detailed personal statement that addresses the following:
 - a) The reason(s) that you failed to meet the SAP standards. If these circumstances covered more than one semester, address the relevant circumstances for each semester that you did not meet the standard(s). If your circumstances cover a period of time in which you were not enrolled, it is not relevant to the appeal. Therefore, those circumstances could not have prevented you from being successful if you were not enrolled.
 - b) How the circumstance(s) that prevented you from meeting the SAP standards have now been resolved.
 - c) What you intend to do to meet the satisfactory academic progress requirements by the end of your next term of enrollment.
- 3. You must provide **official documentation** to confirm your extenuating circumstance(s), such as third-party statements (e.g. physician, counselor, lawyer, social worker or clergy), police reports, obituary or death certificate, court documentation or other professional(s) detailing the reasons for your inability to meet the SAP standards. **Photographs and images are not acceptable**. Consideration for extenuating circumstances includes:
 - a) Physical/mental health: need documentation from a doctor (signed)
 - b) Change in work schedule: need documentation from employer
 - c) Death: need copy of death certificate as documentation
 - d) Divorce or separation: need documentation from court or attorney

Examples of unacceptable circumstances include (but are not limited to):

- a) The need for financial aid
- b) Withdrawal to avoid a failing grade(s)
- c) Too many courses attempted because of major changes
- d) Repeating courses for a better grade
- e) Disagreement with the professor(s)
- f) Voluntary change in work schedule
- 4. Return the **completed appeal form**, **official supporting documentation and a copy of your unofficial transcript** (available on your Self-Service Carolina account) to the Financial Aid/VA Office.
- 5. You will be notified by email of the results of the committee's decision within seven to ten (7 to 10) business days after the committee's review of your appeal. The email will be sent to your USCB email account.

Satisfactory Academic Progress Appeal Form for First Undergraduate Degree

SECTION A: Student Information ☐ Fall □ Spring ■ Summer Check One: Academic Year Last Name First Name Middle Name Student VIP ID **Email Address** Telephone Number Student's Signature ************************************* SECTION B: Academic Advisor / Academic Counseling Center – You must have your advisor complete this section before sending your appeal to the Financial Aid Office. Student's Current Major **Expected Graduation Date** Hours Earned Toward Degree Hours Remaining Toward Degree *This is to certify that the above-referenced student has been seen by me and that he/she will be able to continue in his/her program of study.* Academic Advisor / Counselor's Signature Date Printed Name and University Title / Position SECTION C: Financial Aid / Veterans Affairs Office - Must be completed by the Financial Aid / Veterans Affairs Office Appeal Term Cumulative Grade Point Average **Hours Attempted Hours Earned Completion Rate** Maximum Time Frame SAP Appeal(s) Comments / Recommendations: ******************* SECTION D: Satisfactory Academic Progress Standards Committee - for the Committee's use only **Appeal Approval Based On:** Traumatic Extraordinary Event **Immediate Family Member Illness** Death (Immediate Family Member) **Divorce or Separation** Personal Illness of Student/Mental Change in Work Schedule Health Appeal Approval Period Appeal Denied: **Academic Plan/Stipulation and Comments:**

Date

Signature (Chairperson of Committee)