OFFICE OF FINANCIAL AID

2017-2018 SATISFACTORY ACADEMIC PROGRESS APPEAL

A. STUDENT INFORMATION

LAST NAME FIRST NAME MI NSHE

I am requesting this appeal for the following semester(s): ☐ Fall 2017 ☐ Spring 2018 ☐ Summer 2018

I understand that I am required to "sit-out" a semester from financial aid - you can enroll into classes, but will have to pay for those classes out of pocket.

B. CHECK THE REASON YOU ARE REQUESTING THIS APPEAL:

☐ My CSN cumulative Grade Point Average (GPA) is below the required 2.0 GPA

☐ I am NOT on PACE to graduate (earned credits divided by attempted credits are less that the 67% minimum)

☐ My total attempted credits at CSN *and/or* my transfer credits exceeds 150% of the total credits needed to graduate

☐ I already have a college degree or certificate and want to pursue an additional degree/certification – complete below:

Degree Awarded:_____ **Awarding Institution**: _____

(Type of degree: CT/AA/BA/etc. and subject - ex: AA-History) (Name of College/University)

**Note: If you transferred to CSN, it is recommended to have your official transcripts from all previously attended institutions evaluated by the Office of the Registrar's Office before submitting this appeal.

C. REQUIREMENTS – NOTE: Incomplete appeal forms will not be accepted or will be denied

Please Read and Initial that you have submitted the required forms/documentation with this appeal.

_____**A Signed, Typewritten Personal Statement explaining:**

1. Any extenuating circumstances that caused you to be placed on SAP suspension;
2. How the extenuating circumstance(s) caused your academic under-performance; and
3. What you have done to overcome the extenuating circumstance(s).

_____**Official documentation substantiating your extenuating circumstance(s);**

_____**A completed CSN Academic Rehabilitation Plan signed by you and your Academic Counselor/Advisor;**

____**Enrollment for the appropriate semester. Your enrollment MUST match your Academic Rehabilitation Plan;**

_____**Completion of Financial Awareness Counseling** (www.studentloans.gov and complete the Financial Awareness Counseling Tool). Attach a copy of the completed Financial Awareness Counseling Tool to your SAP appeal;

_____**Completion of all five (5) of FATV's GETSAP Video Module** (https://csn.get-counseling.com) **with a score of 90% or greater** Attach proof of completion of all five (5) of the FATV GetSAP video modules;

_____**Payment Arrangement** – I understand the Office of Financial Aid will **NOT** hold my classes pending a decision by the SAP committee. I further understand that it is my responsibility to pay for my courses in order to remain enrolled if a decision is still pending; and

_____**I understand that the decision of the SAP Committee is Final. All decisions will be rendered 30 days following the SAP appeal deadline date.**

D. CERTIFICATION AND STATEMENT OF UNDERSTANDING:

I,_____, certify that the information contained within this appeal, including all attachments and enclosures, is accurate and truthful. I understand this information may be shared with members of the CSN Satisfactory Academic Progress (SAP) committee and, as part of my permanent financial aid record, may be reviewed by federal employees, their agents, or others contracted by CSN to evaluate the administration of Title IV financial aid programs. I agree to follow the conditions of this appeal and the Academic Rehabilitation plan. I understand that I must meet with my counselor/advisor to revise my Academic Rehabilitation Plan if anything changes.

_____ _____ ☐ Check here if submitting documents

Student Signature (Required) Date

ACADEMIC REHABILITATION PLAN

(To be Completed by CSN Personnel)

Student Name:_____ Catalog Year:_____

NSHE #:_____ Declared Major:_____

FIRST SEMESTER RECOMMENDED CLASSES	SECOND SEMESTER RECOMMENDED CLASSES	THIRD SEMESTER RECOMMENDED CLASSES
Term - _____	**Term - _____**	**Term - _____**
Course:_____ Crd:_____	Course:_____ Crd:_____	Course:_____ Crd: _____
Course:_____ Crd:_____	Course:_____ Crd:_____	Course:_____ Crd:_____
Course:_____ Crd:_____	Course:_____ Crd:_____	Course:_____ Crd:_____
Course:_____ Crd:_____	Course:_____ Crd:_____	Course:_____ Crd:_____
Course:_____ Crd:_____	Course:_____ Crd:_____	Course:_____ Crd:_____
Total Credits Remaining until CSN Graduation:	Total Transfer Credits brought to CSN by student:	Total Transfer Credits that apply to CSN Degree Requirements:

ADDITIONAL RECOMMENDATIONS

- ☐ I agree to visit/revisit with my counselor/advisor to review my progress prior to enrolling in the second semester of this plan.
- ☐ I agree to take the ☐ Math and/or ☐ English *(check one)* Placement Exam at the CSN Testing Center before the next enrollment period.
- ☐ I agree to visit the Math & Science Drop-in Labs a minimum of_____ times during the first semester of this Plan and, if asked, will submit proof of my visit(s).
- ☐ I will utilize CSN Tutorial Services for the following class(es):_____
- ☐ I will seek accommodations from the CSN Disability Resources Center during the course of this Plan.
- ☐ I agree to limit my course enrollment to no more than_____ credits during the course of this Plan.
- ☐ I will visit CSN Career Services to explore employment options during the course of this Plan.
- ☐ Other: _____
- ☐ Other: _____

Prepared By:_____ **Effective Date:** _____

Department:_____

_____I acknowledge and understand that *any failures or withdrawals (including audits) will invalidate this plan* and place me back on Financial Aid SAP suspension. I agree to follow this Academic Rehabilitation Plan and if any changes are required, I agree to meet with my academic advisor/counselor to create and submit an updated Academic Rehabilitation Plan to the Financial Aid Office.

Agreed and Acknowledged by:_____

(Student Signature – Must be signed to be valid)