

Arizona Western College Office of Financial Aid P.O. Box 929 Yuma, AZ 85366-0929 Phone (928) 344-7634 FAX (928) 317-6420

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM (SAP)

CONVINCE ALL FOUR STEPS		
Step One: Student Data Section (PLEASE PRINT CLEARLY)		
Student's Name: ID#:		
Phone Number: () Email Address:		
Step Two: Attach Personal Statement		
Answer the following questions on a separate sheet(s); one sentence responses are not acceptable. This information remain confidential.	tion will	
 Explain the circumstance, including relevant dates, which prevented you from meeting the minimum cur pace and/or the required cumulative GPA to maintain financial aid eligibility. 	nulative	
2. Indicate what circumstances have changed that will allow you to maintain financial aid eligibility for the requested and future terms. What steps will you take to ensure that you will successfully complete the r credits and/or attain the GPA needed to make satisfactory progress in the future?	equired	
Step Three: Attach Documentation		
 Include documentation to support your appeal: In most cases, the documentation needs to be from a third party, someone not related to you (work sup medical professional, clergy, social worker, counselor, etc.) who is familiar with your situation and support reason for your appeal. All letters must be signed. The associated documentation should be on a letterhead, where applicable, and include relevant dates. Documentation from medical /mental health professionals should also state whether the problem has be resolved and give a professional opinion regarding the student's ability to return to school.	ort the	
Step Four: Student Certification		
I attest that all information to qualify for financial aid is complete and accurate.		
Student Signature: Date:		

SAP Page 1 of 2



Arizona Western College Office of Financial Aid P.O. Box 929 Yuma, AZ 85366-0929 Phone (928) 344-7634 FAX (928) 317-6420

SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

All letters must be signed. Documentation should be on letterhead, where applicable

Note: letters from medical/mental health professionals should also state whether the problem has been resolved and given a professional opinion regarding student's ability to return to school.

Circumstance		Documentation
Work Related	Required overtime; required Change in work schedule	 Letter from employer including effective date(s) and whether the change in hours was mandatory Timesheets from employer for applicable period(s) Letter from employer stating that work will not impede with school
	Lay off/Job loss	Letter from employerSeparation/severance letter
Medical condition	Serious illness or change in health	Letter stating doctor-advised period of home
	Surgery/Hospitalization	 Surgery/hospitalization records
	Mental health issue	 Letter from doctor, therapist, or counselor
	Dental emergency	Letter from dentistLetter stating dentist-advised period of recovery
Student's child	Child's medical condition	 Records from daycare/school that the sick child was required to be kept home for extended period(s), including the dates. Address in appeal the reason why alternative childcare was not available and what your plan is if this should occur again in the future. Record of doctor visits Letter stating doctor-advised period of recovery Hospitalization records
	Childcare/daycare issue	 Letter from former daycare provider Letter from current daycare provider If the childcare provider is related, the letter must be notarized.
Additional Circumstances	Death of an immediate relative or loved one	 Obituary or death certificate Documentation should include the date of death and incident and student's relationship to the deceased
	Eviction	Eviction NoticeLetter from transitional housing program
	Assault/domestic violation	 Police report Court documentation Letter from Clergy, social worker, counselor or doctor

SAP Page 2 of 2