



**Satisfactory Academic Progress for Financial Aid
Appeal/Academic Plan**

An academic plan developed in conjunction with an advisor is required to appeal the suspension of your financial aid. Since you failed to meet one or more of Great Bay Community College's standards for Satisfactory Academic Progress for Financial Aid (SAPFA), you are required to submit this appeal and plan to the Office of Financial Aid.

Your appeal will be given favorable consideration if you explain and document special circumstances impacting your ability to successfully complete your coursework. Special circumstances include, but are not limited to: illness or accident, a family death or emergency, a work-related schedule change or emergency, military deployment, loss of child care or a previously undiagnosed learning disability. Documentation is required, and you must attach the documentation to this appeal form.

You may also use this form to explain why you have a very high number of attempted cumulative credits but an incomplete current degree or certificate (change of major, a dual major, dual degree plan, etc.)

NAME: _____ ID# _____

Email address: _____

Explain and document the special circumstances impacting your academic performance:

In future semesters, I will meet the standards for SAPFA by making these changes in my approach to learning at Great Bay Community College: *(continue your writing on a separate sheet, if needed.)*

Indicate the academic and personal resources you will use in our Center for Academic Planning and Support (CAPS) to support your goals:

- | | |
|------------------------|-----------------------------------|
| _____ Peer Tutoring | _____ Writing Support |
| _____ Drop-in Tutoring | _____ Disability Support Services |
| _____ Computer lab use | _____ Math Support |



Your SAPFA Academic Plan:

Please consult your academic advisor in developing this plan

My plan is to achieve the minimum required GPA and complete at least 66.666% of cumulative credits attempted. To reach this goal, I will achieve all of the following measures beginning with the _____ semester:
(enter term/year)

Please initial each section below as you agree:

- ____ I will successfully complete all courses I attempt and will earn a grade of C or better for each course. I will not withdraw from any course.
- ____ I understand federal student aid is limited to the credits required to complete my degree or certificate, and I agree to register only for courses required for my degree or certificate.
- ____ I understand that I have _____ credits remaining to earn my degree/certificate.
- ____ I understand that my academic progress will be reviewed by the Office of Financial Aid at the end of every semester.
- ____ I agree that if I fail to achieve any one of the terms of this academic plan, the plan will terminate and I will no longer be eligible for financial aid.

SIGNATURES:

By signing this form, I confirm that I developed this plan for my success, and that I was encouraged to consult an academic advisor for assistance creating this plan.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Advisor Comments:

OFA Comments:

Satisfactory Progress for Financial Aid Academic Plan

In each future semester please detail the course names and numbers required for completion of your program, the number of credits, and the grade you expect to earn for each course. **You are required to consult with an advisor to complete this portion of your appeal.**

Name: _____

Program: _____

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Satisfactory Progress for Financial Aid Academic Plan

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Semester:		
Course Name and Number:	Credits:	Grade:
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Semester:		
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Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Semester:		
Course Name and Number:	Credits:	Grade:
Total Credit Hours:		

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____