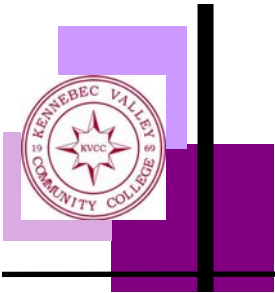


Financial Aid Office



Satisfactory Academic Progress Appeal Form

Name (Print): _____ SSN #: _____ Student ID# _____

Anticipated Graduation Date: _____ Semester you are requesting reinstatement for: _____

Students who are not eligible for financial aid because they have not made satisfactory academic progress (SAP) may appeal if circumstances beyond their control prevented them from meeting the standards.

TO APPEAL, please explain why you were unable to meet the SAP standards. (If you need more space, write on the back.)
If you would like assistance in writing your appeal, please contact Karen Normandin, (e-mail: knormandin@kvcc.me.edu, phone: 453-5019) or Linda Clutterbuck (e-mail: lclutterbuck@kvcc.me.edu, phone: 453-5084)

Documents to attach to this form:

- 1. You must attach documentation supporting your appeal, such as a doctor’s note, a copy of a death certificate, a letter from a therapist, etc., please attach it to this form.
- 2. If you have been denied financial aid, or been limited to aid for one or two courses and are appealing to have full financial aid restored, please attach a statement from your academic or TRIO advisor showing a plan of academic support that will assist you in meeting SAP standards.
- 3. If you are appealing for more time to complete your program, please include a form from your advisor or the Registrar showing how many classes are remaining to finish your certificate or degree.

To the best of my knowledge, all of the information contained in this appeal is correct.

Signature _____ Date _____

Committee Action: _____

KVCC is an equal opportunity/affirmative action institution and employer. For more information, please call 453-5123

