

SITTING BULL COLLEGE – FINANCIAL AID DISQUALIFICATION APPEAL_PACE OR CGPA

If you experienced extenuating circumstances that prevented you from meeting the Standards of Satisfactory Academic Progress (SAP) during your last term at Sitting Bull College, you may appeal by completing this form and attaching all required documentation. The information you provide will be used solely for the purpose of your SAP appeal and will be held in strict confidence.

Student Name _____ Student ID # _____

Indicate the term for which you are requesting reinstatement of your financial aid: _____

Select the extenuating circumstance(s) for which you are appealing:

_____ Earned a 2.0 semester GPA and 66.67% completion rate (minimum 6 credits) after you were placed on financial aid warning or disqualification at Sitting Bull College.

- Complete pages 2, 3 and 4. Submit any applicable supporting documentation (i.e. unofficial transcripts)

_____ Medical: Serious illness or injury involving the student

- Submit a letter from your physician confirming you were unable to attend classes for an extended period of time. Must be on **official letterhead** and include date(s) of care of illness/injury.

_____ Medical: Serious illness or injury involving the student's immediate family member

- Submit a letter from your physician confirming your family member's illness or injury. Must be on **official letterhead** and include date(s) of care of illness/injury.

_____ Mental Health

- Submit a letter from your mental health provider confirming your diagnosis and its impact on your academic success. Must be on **official letterhead** and include date(s) of care.

_____ Death of immediate family member or person who shared the student's household

- Submit an obituary, death certificate, or memorial program confirming the date of death of the individual. If no obituary, death certificate, or memorial program exists, a letter from someone other than the student is required and must include the date of death and the relationship of the deceased to the student. The letter can be from anyone with knowledge of the death such as a family member, clergy member, etc.

_____ Trauma/Extreme Emotional Distress

- Submit a letter on **official letterhead** from an assistance agency or professional resource (i.e. police, counselor, clergy, etc.) confirming the date of the incident and that you utilized their services.

_____ Job conflict with class schedule

- Submit a letter from your employer on **official letterhead** listing work hours and days scheduled to work that interfered with your class schedule. Also, attach a copy of your class schedule to this appeal form.

_____ Youthful indiscretion

- Submit a letter from a third-party with documentation i.e. legal documents, signed statement from an involved family member or third party documenting circumstance.

_____ Military deployment

- Submit documentation i.e. deployment papers or other orders listing dates of activation.

_____ Natural disaster

- Submit documentation i.e. official newspaper article from area in residence.

_____ Natural disaster – work related:

- Submit documentation i.e. letter on **official letterhead** from employer's human resource office.

_____ Financial Distress Resulting in Eviction or Bankruptcy

- Submit eviction notice or bankruptcy filing. If you sought help from a third party (emergency shelter YWCA, YMCA, local church, etc.), submit a letter on **official letterhead** confirming the date(s) you utilized their services.

_____ Other: Attach a typed (not hand-written) statement explaining the situation. Attach supporting documentation.

You must provide supporting documentation. Incomplete appeals will be returned to the student.

SITTING BULL COLLEGE – FINANCIAL AID DISQUALIFICATION APPEAL_PACE OR CGPA

Examples of documentation may include: medical records, court or legal documents, police reports, statement from an adult family member, statement from an involved third party, letter from mental healthcare provider or counselor, letter from public assistance agency, letter from a member of the clergy, funeral service bulletin showing relationship to deceased.

Immediate family members include spouse, child, parent, stepparent, sibling, grandparent, grandchild, stepchild, foster parent, foster child, brother- or sister-in-law, son- or daughter-in-law, father- or mother-in-law.

Academic Information:

I did not meet the minimum completion standard of 66.67% pace (credits earned divided by credits attempted) and/or I did not complete the term with a 2.00 cumulative grade point average (CGPA). A review of my academic transcript reveals that I did not meet SAP requirements for financial aid at end of the term listed here: _____

The previous degree and major in which I was enrolled at SBC was: _____

_____ # credits I attempted (include all SBC and transfer credits listed on your transcript)

_____ # credits I completed (include all SBC and transfer credits listed on your transcript)

_____ % completed (**pace** = # credits completed divided by # of credits attempted). Example: 40 divided by 60 = 66.67% pace

_____ # honor points I earned (courses completed with A, B, C, D letter grades)

_____ # credit hours I earned (courses completed with A, B, C, D, F, I letter grades)

_____ **CGPA** (# honors points earned divided by # of credit hours earned). Example: 105 divided by 33 = 3.18 CGPA

What degree/major are you currently pursuing at Sitting Bull College? _____

How many credit hours do you need to finish your current degree? _____

What term and year do you anticipate you will complete your degree requirements for graduation? _____

Student Statement of Understanding:

I understand that submission of this form does not guarantee an approval. My signature certifies that the information and documentation I am submitting in support of this appeal is accurate and complete. I understand that any false information will be cause for denial of this appeal. Any documents suspected of being forged, altered, or falsified may be referred to SBC Student Life as a violation of the Student Code of Conduct.

If my appeal is approved, I understand that I must complete SAP requirements as outlined in SBC's SAP policy or I must meet the requirements of the academic plan as developed by myself, my advisor, SBC's academic counselor, and financial aid director.

I understand that if I do not meet the terms of my appeal, my financial aid status will revert back to disqualification and I will forfeit any future federal financial aid awarded to me.

If my appeal is denied, I understand that I am responsible for paying college charges I have incurred and will not be eligible for any types of financial aid that requires the standards of Satisfactory Academic Progress to be met.

Student Signature: _____

Date Signed: _____

SITTING BULL COLLEGE – FINANCIAL AID DISQUALIFICATION APPEAL_PACE OR CGPA

Provide an explanation of extenuating circumstance(s) and how it impacted your academic performance.

Do not leave this section blank. Attach additional page if needed. **PLEASE PRINT CLEARLY.**

[Empty box for providing an explanation of extenuating circumstance(s) and how it impacted your academic performance.]

Action you have taken to resolve extenuating circumstance and ensure future academic success:

Do not leave this section blank. Attach additional page if needed. **PLEASE PRINT CLEARLY.**

[Empty box for describing actions taken to resolve extenuating circumstance and ensure future academic success.]

SITTING BULL COLLEGE – FINANCIAL AID DISQUALIFICATION APPEAL_PACE OR CGPA

To be completed by Academic Advisor

Academic Plan for Student Name _____ Student ID # _____

Effective date to implement academic plan (1st day of term/year) _____

Student's current degree objective: _____

Attach AIMS audit/degree plan that lists courses completed and courses not yet earned in the degree.

Number of credits needed for graduation: _____ Expected graduation date: _____

Some classes are **only offered in one particular term**. Student must enroll in these following specific courses during the term specified below:

Term/Year: _____ Course # _____ Course Title: _____

Term/Year: _____ Course # _____ Course Title: _____

Term/Year: _____ Course # _____ Course Title: _____

Other: In space below, specify any additional terms of academic plan i.e. GPA required in specific class, attendance, class participation. If more space is needed, continue on back of this page.

Student's Terms of Academic Plan (these will be evaluated at end of each term of enrollment):

Initials:

I understand I must complete at least 66.67% of credits enrolled each term at SBC.

I understand I must earn a minimum 2.00 semester GPA while attempting to bring my cumulative GPA to the minimum 2.00 required for graduation.

I understand I must meet with the academic counselor at least once per month (**may need to document**).

I understand I am expected to utilize student support services offered at SBC (tutoring, academic excellence center, library services, financial awareness training activities, others available as needed). **You may be required to provide documentation from staff at student support services.**

Signature of Student

Date Signed

Signature of Academic Advisor

Date Signed

Signature of Academic Counselor

Date Signed

Signature of Fin.Aid Director

Date Signed

It is the policy of Sitting Bull College (SBC) to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This applies also to Sitting Bull College's admission practices, financial aid practices, athletic events, recreation activities, public events or other College policies and programs. 2019-2020 Revised: 08-1-19