



2024-2025 SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or a family member, death of a family member, or other unusual circumstances.

Once this appeal form has been completed, please submit it to the financial aid office with your supporting documentation. Appeals submitted **without** supporting documents will be **denied**. Students may submit up to two (2) Satisfactory Academic Progress (SAP) appeals during their time at Brightpoint Community College. Students may not appeal for the same circumstances twice.

Section A: Student Information

Last Name First Name M.I.

Student ID Number (EMPLID) Phone Number

@email.vccs.edu Student Email Address

Please check the term you would like to utilize the appeal (CHOOSE ONE TERM ONLY)

- Deadlines: [] Fall 2024 October 25, 2024 [] Spring 2025 March 14, 2025 [] Summer 2025 June 18, 2025

Students are encouraged to submit Satisfactory Academic Progress appeals prior to the start of the semester. If you are planning to enroll in a later semester session and are submitting an appeal, note the final semester deadline.

Section B: Reason for Failure

- [] 67% Rule (Completion Rate) [] G.P.A. (Grade Point Average) [] 150% Rule (Maximum Time Frame)

This appeal is based on the situation(s) checked below:

- [] Personal illness or illness of a family member. (Please attach statement from a family physician attesting to the medical condition).
- [] Death of a family member. Relationship: _____ Please attach a copy of the obituary or death certificate.

Other unusual mitigating circumstances. Please provide a written explanation and supporting documents – i.e. court records, police reports, letter from counselor or another unbiased third party, etc. Issues with instructor(s)/course(s), job conflicts, transportation, or childcare conflicts DO NOT constitute as unusual mitigating circumstances and will not be considered.

Name: _____

EMPLID: _____

Section E: By signing, you indicate that you have read and understand the information below.

- I understand that decisions on appeals are processed on a case-by-case basis.
- I have read the Brightpoint SAP policy and understand why I am not making satisfactory academic progress.
- I understand that appeals turned in without supporting documents will be denied.
- ***If approved, I will be expected to meet the Academic Plan criteria below to maintain financial aid eligibility:***
 - *Achieve at least the minimum 2.0 semester grade point average from the approved semester forward.*
 - *Successfully complete 70% or more of the courses attempted from the approved semester forward.*
 - *Only enroll in courses required for my degree or certificate program.*

Student Signature

Date

For Office Use Only

Committee Comments

Committee Decision

Approved		Denied	
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