

**FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL****Fall 2024 Deadline: August 12, 2024**Student Name \_\_\_\_\_ / \_\_\_\_\_  
SSN (Last four digits only) Student ID#

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Program of Study \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

 I am appealing Satisfactory Academic Progress (Quantitative and/or Qualitative)  I am appealing Maximum Time Frame (close to or exceeded 150%)

Students who are not making satisfactory academic progress (SAP) and are placed on a Financial Aid Suspension are ineligible to receive financial aid. However, if documented, extenuating circumstances (i.e., circumstances beyond the student's control) contributed to the lack of satisfactory academic progress, the student may request reconsideration by filing an appeal. OCtech's SAP Standards may be reviewed at <http://www.octech.edu/cost-financial-aid/satisfactory-academic-progress>.

**To be considered for Fall 2024 financial aid, it is recommended that you submit your appeal and supporting documentation no later than August 12, 2024.** Appeal decisions will be emailed to you by **August 16, 2024**. It is your responsibility to check your campus email for the appeal decision. Please note that submitting an appeal application does not automatically guarantee approval.

**STEP ONE:** Indicate the basis of your appeal by checking one of the following:

- Extenuating Circumstances:** I have experienced documentable circumstances outside my control (these may include, but are not limited to, personal illness or the illness, death, or other significant event involving a family member) that influenced my ability to meet OCtech's SAP standards. **The following information MUST be attached to your appeal:**
- A typed statement explaining your extenuating circumstance. Your explanation must include: how the circumstance affected your academic performance during the time period you failed to meet SAP at OCtech, and what has changed in your situation that will allow you to make satisfactory academic progress at your next SAP evaluation.
  - Documentation to confirm the information stated in your appeal. For example, a signed letter from a doctor, counselor, social worker, teacher, academic advisor, or from disability services that supports your appeal and the timeframe in which your circumstance occurred. **FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION MAY RESULT IN DENIAL OF YOUR APPEAL.**
- Maximum Time-Frame:** I am near or have reached the maximum attempted credit hours and I must complete additional courses to receive my degree.
- Provide a typed statement explaining the circumstances that have led you to needing additional courses to receive your degree.
  - Documentation to confirm the information stated in your appeal. For example, a signed letter from a doctor, counselor, social worker, teacher, academic advisor, or from disability services that supports your appeal and the timeframe in which your circumstance occurred. **FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION MAY RESULT IN DENIAL OF YOUR APPEAL.**
- Meeting Progress:** I am now meeting OCtech's SAP Standards (completed at least 67% of my attempted credits and have at least a 2.0 cumulative OCtech GPA **OR** have earned 100% of attempted credit hours and have earned a 2.0 term GPA). I would like to request a re-evaluation of my academic progress.

**STEP TWO:** Certification

By signing this form, I certify that I have read OCtech's SAP Standards and that the information I have provided is accurate and complete. I understand that the submission of this form does not guarantee reinstatement of aid eligibility. I understand if my appeal is approved, I may be expected to fulfill certain academic requirements during the period for which my appeal has been approved in order to retain eligibility for aid. I understand that I am responsible for making payment arrangements for charges I owe the College regardless of the outcome of my appeal.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Return this form and any attachments to the above address.***