



Return to: Office of Scholarships and Financial Aid
 Box 7302, 2016 Harris Hall
 Raleigh, NC 27695-7302
 Phone: (919) 515-2421
 Fax: (919) 515-8422
 Email: financialaid@ncsu.edu

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Name		Student ID#	
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Instructions:

NDS CHECKLIST FOR APPEAL

Incomplete files will not be reviewed. Items 1-5 below are REQUIRED for review by the Committee.

1. Attached typed letter explaining:

- The reasons for your academic situation, including any extenuating circumstances that may have affected your academic performance.
- A statement indicating/explaining what has changed so that you are now prepared to meet the university's academic standards and complete all program requirements within a reasonable length of time.

2. Student Evaluation for Continuation Form (Page 2 of this document):

- Must be completed by an advisor or an objective third party (e.g., physician, counselor, lawyer, social worker, teacher, religious leader, Office of Disability Services, or Student Counseling or Health Center).

3. Proposed Completion Plan (Page 3 of this document)

4. Supporting Documents (optional)

- Any other documents you believe will help support your appeal.

5. Enrollment term for which reinstatement is requested (please check only one term and indicate year):

- Fall _____
- Spring _____
- Summer _____

Students appealing for financial aid eligibility are encouraged to submit the appeal prior to the first day of class for the appeal term. We may request additional documentation as needed.

These materials should be emailed, faxed, or brought to the following address:

**SAP Appeal Coordinator
 Office of Scholarships and Financial Aid
 NC State University
 2016 Harris Hall
 Raleigh, NC 27695-7302
 Fax: 919.515.8422
 Email: FinancialAid@ncsu.edu**

Student Certification:

I certify that the included statement and any supporting documentation attached is an accurate description of my extenuating circumstances.

 Student's Name

Student ID _____

 Student's Signature

Date _____

For Office Use Only!

Summer _____ Fall _____ Spring _____ Year _____

Appeal Granted, One Term Probation _____ Appeal Denied _____

AD Signature _____ Date _____



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PROPOSED COMPLETION PLAN

This form is to be completed by the student. The form should document the student's anticipated completion date and the plan for completing all remaining program requirements in a timely manner.

1. Anticipated completion date: _____

2. Tentative semester by semester schedule:

Year _____ Term _____

Year _____ Term _____

Year _____ Term _____

Year _____ Term _____

Year _____ Term _____

Year _____ Term _____

