



**STUDENT INFORMATION**

Name: \_\_\_\_\_ TC Student ID # \_\_\_\_\_  
                     First Name                      M.I.                      Last Name

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
                     City                                      State                                      Zip Code

Contact Phone# (     ) \_\_\_\_\_ Email address \_\_\_\_\_

Federal and state regulations require the Financial Aid Office to monitor the academic progress towards earning a degree for students receiving financial aid. For this reason, your satisfactory academic progress (SAP) for financial aid is evaluated to verify that you have met all SAP standards. Please be aware, that your SAP status is for financial aid assistance only and has no bearing on your academic standing.

	Cumulative GPA	Cumulative Completion Rate	Maximum Time Frame
Required Level	2.0	67%	120 credits to graduate x 150% = 180 credits
Your Level	_____	_____ %	_____ attempted credits

**STEP 1: Indicate the reason(s) why you are not meeting Satisfactory Academic Progress Standards:**

- Cumulative GPA                       Cumulative Completion Rate                       Maximum Time Frame

**STEP 2: Personal Statement:**

You must attach a typed personal statement. It is assumed that you are dependent on financial aid. Please do not discuss your need for financial aid as this is not grounds for approval of your SAP Appeal.

**You must address the following sections listed below in your typed letter and provide related supporting documentation:**

- A. Provide details regarding the situation(s) that prevented you from maintaining Satisfactory Academic Progress during the last semester. (Examples: extenuating medical/personal issues, change in field of study, dual major, transferred hours not counted, etc.)
- B. How has your situation changed so that it will allow you to demonstrate Satisfactory Academic Progress during the next semester? (Examples: attending tutoring, adjusted work schedule, reduction in course schedule, etc.)

**Certification Statement**

I certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge. I understand that purposefully providing false or misleading information in this appeal may result in reduction or repayment of financial aid, fines, and/or imprisonment in this and/or future years. I understand that I must complete all sections of this form **and** provide related supporting documentation to have my appeal reviewed. I understand that the submission of this appeal does not constitute an approval of my appeal. I understand that if my appeal is denied, I will be responsible for paying for 6 credits and any charges posted to my myTalladega student account; and that I must earn at least a 'C' out of each class. I hereby certify that I have read the information listed above and that I understand there is no guarantee the SAP appeal will be approved. I also understand that the SAP Appeal Committee's Decision is final and cannot be appealed to the College or the U.S. Department of Education.

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

**PLEASE MAINTAIN A COPY OF THIS SAP FORM FOR YOUR RECORDS**

**PLEASE DELIVER YOUR COMPLETED SAP APPEAL PACKET TO:**

Talladega College Financial Aid Office  
Seymour Hall, Room 11A  
627 W. Battle St.  
Talladega, AL 35160  
Phone: (256)761-6237 Fax: (256)761-6462