

## Satisfactory Academic Progress (SAP) Appeal

Student Name		Student ID number		Date
SAP Appeal Reason				
	☐ GPA		☐ 67% Compl	letion
exceed 150% of the publi	a 2.0 or above, studenust complete their pashed length of an acamonitor his/her own	ents must receive a rogram of study wademic program. I	n passing grade in this in a maximum to its the student's	· · · ·
the student's control. If so deficiencies occurred, the documentation for review Sherry Irsik to review the	uch "mitigating circu e student may submit by by the SAP Appeal our appeals and attach	imstances" can be this completed SA Committee. It is sed documentation	documented for AP Appeal along trongly recomme before submittir	
Mitigating Circumstan	ces			
Please check one of theSerious ill	following: ness or injury to studer	nt		
Death or s	serious illness of an imr	mediate family mem	ber	
Significant trauma in student's life that impaired the student's emotional or physical health				
Military re	eassignment or deployn	nent		
Homeless				
Retraining	g from job layoff			
Other (Ple	ease Explain)			

## **Requirements Section of SAP Appeal**

Use this space provided below to submit a handwritten note regarding the circumstance(s) which caused you to be unsuccessful. Each question must be addressed. If more space is needed you may attach an extra sheet.

What were the circumstances? *To be completed by student*			
What has changed regarding the circumstance? *To be completed by student*			
What is your plan for academic success? *To be completed by student*			

The appeals committee must have supporting documentation regarding the circumstances of your appeal. Please attach all relevant documentation to this form and submit to Sherry Irsik.

Examples of documentation include a letter from doctor supporting onset of illness, death certificate or obituary for family member, DD214 or orders showing military reassignment/deployment, letter from employer stating date and reason for layoff, or letter from unemployment office offering retraining (TRA benefits letter).

	ify the information submitted is true and correct to the best of my ovided the required documentation explaining my situation. I decision through my LCC LancerMail.
Student's Signature	Date
FOI	R COMMITTEE USE ONLY
☐ Approved Term	☐ Denied Term
Signature:	Date:
Letter type:	Date:

RETURN COMPLETED PACKET TO:

Sherry Irsik in Lancer Career Connections, Office 128 C or via email at <a href="mailto:skirsik87@lenoircc.edu">skirsik87@lenoircc.edu</a>.