



## Satisfactory Academic Progress (SAP) Appeal

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID number

\_\_\_\_\_  
Date

### SAP Appeal Reason

GPA

67% Completion

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas: cumulative GPA must be a 2.0 or above, students must receive a passing grade in 67% of all coursework attempted, and students must complete their program of study within a maximum time frame which cannot exceed 150% of the published length of an academic program. It is the student's responsibility to stay informed of the SAP Policy and to monitor his/her own progress. Lenoir Community College evaluates each student's SAP at the end of each semester.

In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events beyond the student's control. If such "mitigating circumstances" can be documented for the specific term(s) when the deficiencies occurred, the student may submit this completed SAP Appeal along with all supporting documentation for review by the SAP Appeal Committee. It is strongly recommended that students allow Mr. Jamal McMillion to review their appeals and attached documentation before submitting them. Jamal McMillion is located in the Admissions Office 140G. You may reach him by phone at 252-527-6223 ext.343 or by email [jlmcillion66@lenoircc.edu](mailto:jlmcillion66@lenoircc.edu).

### Mitigating Circumstances

Please check one of the following:

\_\_\_\_\_ Serious illness or injury to student

\_\_\_\_\_ Death or serious illness of an immediate family member

\_\_\_\_\_ Significant trauma in student's life that impaired the student's emotional or physical health

\_\_\_\_\_ Military reassignment or deployment

\_\_\_\_\_ Homeless

\_\_\_\_\_ Retraining from job layoff

\_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

## Requirements Section of SAP Appeal

Use this space provided below to submit a hand written note regarding the circumstance(s) which caused you to be unsuccessful. Each question must be addressed. If more space is needed you may attach and 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 Donna Phillips-Williams**

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).

**CERTIFICATION STATEMENT:** I certify the information submitted is true and correct to the best of my knowledge. I have read each section and provided the required documentation explaining my situation. I understand that I will be notified of the final decision through my LCC LancerMail.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

---

---

**FOR COMMITTEE USE ONLY**

Approved Term \_\_\_\_\_

Denied Term \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Letter type: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED PACKET TO: Donna Phillips Williams in the Student Services Office.