

**SATISFACTORY ACADEMIC PROGRESS (SAP)
COMMITTEE APPEAL**

2017-2018

Student ID: _____ Student's Name: _____
Last First MI

Date of Birth: ____/____/____ Phone: _____ LSC E-mail: _____
Month Day Year

Students who have had their initial SAP appeal denied have the option to submit a second appeal to the Appeal Committee for final review. Complete this form to submit request.

Request for Appeal Committee-Final Review must be submitted the Financial Aid Office by:

- Oct 15 Fall semester
- March 1 Spring semester
- July 1 Summer semester

Campus			
I plan to use the following resources to aid in my success:			
Cy-Fair <input type="checkbox"/>	North Harris <input type="checkbox"/>		
Kingwood <input type="checkbox"/>	Tomball <input type="checkbox"/>		
Montgomery <input type="checkbox"/>	University Park <input type="checkbox"/>		

Reason For Request
<p>I am not meeting the following SAP requirement(s):</p> <p><input type="checkbox"/> GPA <input type="checkbox"/> Completion Rate <input type="checkbox"/> Maximum Time</p>
<p>Check all that apply:</p> <p><input type="checkbox"/> Submit my appeal to the committee as is.</p> <p><input type="checkbox"/> Share additional documentation with the committee (attach supporting documentation).</p> <p><input type="checkbox"/> There is no other documentation to provide to support my extenuating circumstance(s).</p> <p><input type="checkbox"/> Share additional information with committee. Add an additional sheet if needed.</p>

Student ID: _____

Student's Name: _____

Last

First

MI

STUDENT ACKNOWLEDGEMENT

I understand that:

- Previously submitted documentation will be sent to the committee.
- If the committee appeal is denied, the decision is final; eligibility will be regained when all areas of SAP are met.
- If the committee appeal is approved, an Academic Plan must be submitted to the Financial Aid Office.

CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

Comments:

Committee Decision: Approved Denied

Committee Members: _____

Please return this completed form to your nearest campus:

LSC-CyFair
Financial Aid Office/CASA 105
9191 Barker Cypress Road
Cypress, TX 77433-1383

LSC-North Harris
Financial Aid Office/SSB 102
2700 W.W. Thorne Drive
Houston, TX 77073-3499

LSC-Kingwood
Financial Aid Office/SCC 150
20000 Kingwood Drive
Kingwood, TX 77339-3801

LSC-Tomball
Financial Aid Office/S 114
30555 Tomball Parkway
Tomball, TX 77375-4036

LSC-Montgomery
Financial Aid Office/Building C
3200 College Park Drive
Conroe, TX 77384-4500

LSC-University Park
Financial Aid Office/Building 12 Suite 233
20515 SH 249
Houston, TX 77070