



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

Satisfactory Academic Progress (SAP) Appeal Form

Satisfactory Academic Progress Appeals Guidelines:

A student who is no longer eligible for federal student aid due to a failure to meet Satisfactory Academic Progress (SAP) standards, and who has been placed on Financial Aid Suspension, may appeal this status. SAP standards are as follow:

- (1) maintain a minimum of 2.00 semester term Grade Point Average; (2) maintain a 2.00 Cumulative Grade Point Average for the entire academic career; (3) successfully complete at least 2/3 or 66.667% of all credits attempted in a semester; and (4) complete 2/3 or 66.667% of all cumulative semester credits attempted during the entire academic career.

Determination of this appeal will depend on the nature of the circumstances, the quality of the documentation the student provides, and how well the student has displayed the ability to progress towards degree completion within a reasonable time period. This appeal form must be submitted together with the appropriate statements and documentations.

Please fill out the following information:

Student's Name: _____ Student ID#: _____

P.O. Box # and Village: _____ Home/Cell Phone: _____

STEP 1: Reason for the appeal (please check one):

	REASON	ACCEPTABLE SUPPORTING DOCUMENTATION
<input type="radio"/>	Serious illness or injury of the student or a close family member (child, spouse, parent, or grandparent)	Medical report from the doctor
<input type="radio"/>	Pregnancy complications	Medical report from the doctor
<input type="radio"/>	Moving off-island	Letter from the parent or family chief
<input type="radio"/>	Family emergency (local/off-island)	Red Cross verification &/or airline ticket
<input type="radio"/>	Death in the family (local/off-island)	Death certificate and a sworn statement of relation to the deceased
<input type="radio"/>	Family problems	Letter from a government agency or private company
<input type="radio"/>	Employment of the student (full-time or part-time)	Letter from employer
<input type="radio"/>	Academic difficulties/lack of serious commitment to get an education	Completed counseling and written documentation from Academic Advisor and a written statement from the student
<input type="radio"/>	Military commitment	Letter from the commanding officer or copy of military orders
<input type="radio"/>	Personal problems (alcohol, drugs, and/or other)	Written Letter

* If you are unable to provide the requested documentation, please contact the Financial Aid Office to determine if other forms of documentation can be considered

STEP 2: Please provide a written explanation describing your reason for the appeal. The more complete the information you provide, the better able we are to make a suitable decision on your appeal. If you need more space, please attach a separate piece of paper.

**** We encourage you to monitor the status of your appeal via your email address provided on your FAFSA application. If you do not hear from us via email or phone call after two weeks of submitting your appeal, then please visit our office and speak with your counselor.

The Financial Aid Office will not review your SAP Appeal Form if it is incomplete or is submitted without proper documentation.

STEP 3: Certification Statement

I certify, under penalty of perjury, that the information on this SAP appeal form is true and correct to the best of my knowledge. I agree to submit additional documentation to support my appeal should the Financial Aid Office make such a request. I certify that all copies of documentation submitted herewith are unaltered and was/were appropriately obtained through proper channels. I understand that willful omission or falsification of information or documentation accompanying this request may result in the automatic denial of this request and information may be forwarded to the Dean of Student Services for possible disciplinary action in accordance to the ASCC Student Handbook policies and regulations. I have read and understand the SAP Standards Policy and understand that submitting this form does not guarantee that my request will be granted.

Student Signature: _____

Date: _____

For Office Use Only

Reviewed By: _____
(Counselor Name/Signature)

Date: _____

Submit the following documents with this Appeal Form:

- ✓ Student SAP Report
- ✓ Student Transcript