



2019-2020 Satisfactory Academic Progress Time Limit Appeal

Financial Aid Office • PO Box 2327 • Elizabeth City, NC 27906-2327 • 252-335-0821 • FAX 252-337-6813 • coafainfo@albemarle.edu

Student Information

Student's Last Name	First Name	M.I.	Student's ID #
Student's Phone Number (include area code)			Student's Alternate Phone Number

Priority Deadlines

Fall 2019 – July 15, 2019 Spring 2020 – December 02, 2019 Summer 2020 – April 15, 2020

Appeal Information

Federal regulations require completion of a program of study within 150% of the published length of the academic program. An evaluation of your academic transcript indicates that you do not meet the time limit requirements of the Satisfactory Academic Progress Policy. Time limit appeals will be considered throughout the semester only if the student is meeting all other satisfactory progress standards.

Students who submit an appeal request for additional time should not depend on financial aid to pay for costs of tuition, fees, or books. Students should be prepared to pay from their own resources or utilize the Automatic Payment Plan our college offers, pending the outcome of their Satisfactory Academic Progress Appeal.

You will be sent written notification of the results of your completed appeal within 30 days. Two appeals may be submitted during the student's total enrollment at the college. A third appeal may be considered only if the student is requesting a review of time limit to complete their program. Please consider your opportunity to appeal carefully as a response of "denied" is considered as an appeal request.

If this appeal is approved and financial aid is reinstated, it will not be retroactive to any term when the Satisfactory Academic Progress standards were not met. If approved, you will be placed on "Financial Aid Probation for Time Limit" and your eligibility will be reviewed at the end of each semester.

An approved appeal for an extension of time limit to complete your degree may be terminated for taking courses that are not required for this program and/or for repeating previously passed courses.

Students on "Financial Aid Probation for Time Limit" status are required to:

- Maintain a term financial aid GPA greater than or equal to 2.00
- Maintain a term completion rate greater than or equal to 67% (66.50% and above rounded to 67%)
- Maintain enrollment in the approved program(s) of study
- Complete/graduate the approved program of study by the anticipated graduation date listed in the appeal

Directions

Complete all sections of this appeal form and submit it to the Financial Aid Office. Lack of sufficient documentation or incomplete appeals will be denied. (Note: Students who do not have a cumulative 67% completion rate and/or a cumulative 2.0 GPA must also submit a separate Satisfactory Academic Progress Appeal Form for GPA and/or Pass Rate.)

STUDENT AND ACADEMIC ADVISOR MUST COMPLETE THIS SECTION

1. Meet with your academic advisor and complete the following information.
2. Current program(s) of study: _____
If you are enrolled in more than one program, you must attach a copy of your Double Major Approval Form.
3. Check the box next to the circumstances that merit an appeal (check all that apply);
☐ My Program of Study has changed from: _____ to _____
☐ I have transfer credit hours from other colleges that are not required for my current program
☐ I have already completed a degree and I'm pursuing a second degree, diploma, or certificate
☐ I have two active degree, diploma, or certificate programs and I'm working toward a double major
4. List below all the semesters required to complete your current program(s) of study.

Semesters

_____	_____	_____	_____
_____	_____	_____	_____

Anticipated graduation/program completion date(s): _____

If you continue to meet all conditions of an approved appeal, this is the date your appeal will expire.
If you do not complete your program(s) of study by this date, you will need to appeal again.

Student Signature: _____ **Date** _____

Academic Advisor's Signature _____ **Date** _____

1. Explain below the circumstances which will, or have, caused you to exceed the maximum timeframe allowed to earn your degree. Attach an additional signed statement, if necessary.

2. By initialing each item you are indicating that you understand and agree to abide by the following conditions of the appeal, if approved:

_____ I must maintain a minimum term financial aid Grade Point Average of 2.00

_____ I must maintain a minimum 67% term completion rate

_____ I must maintain enrollment in my current program(s) for which I am submitting this appeal

_____ I must be able to complete my current program(s) by my anticipated graduation/completion date

Disclosures

Title IX (1972) protects students from gender bias in educational environments. The 2013 reauthorization of Title IX expands the definitions of gender bias, to include sexual assault, sexual harassment, domestic violence and stalking, and the expectations of colleges and universities handling gender bias incidents.

College of The Albemarle is dedicated to providing an educational and work environment that is free from sexual assault, sexual harassment, domestic violence and stalking. As part of College of The Albemarle's efforts to fully comply with the Title IX law, all employees of the college are mandated to report to the Title IX Coordinator any known or suspected violations of Title IX.

Your information in this appeal will be treated confidentially, however, if the information you present is suspected of being a Title IX violation while you were enrolled at College of The Albemarle, regardless if the occurrence was on or off campus, it will be reported to the college's Title IX Coordinator.

Required Signature

My signature certifies and confirms that I have read and understand all instructions and that I have provided accurate, complete, and current information on all the prior pages concerning my Satisfactory Academic Progress Time Limit Appeal. Furthermore, I understand if my appeal is approved, I must meet the conditions of the appeal until I complete my current program of study or my anticipated graduation date that is listed on this appeal form, whichever comes first.

I understand if this form is incomplete, my appeal will not be considered and will be returned.

Student Signature: _____ **Date:** _____

Office Use Only

PERC/BUS Hold _____ ARAI Bal _____ TRAN _____ Informer TL Report _____ SAPC _____ Prior Appeal _____

FA Cum GPA _____ FA Cum Completion Rate _____ LEU% _____ POS _____

PJ Intake Review _____ Date _____

Denied _____ Need more info _____ Approved _____ Reinstatement Term _____ Expiration _____

PJ Review _____ Date _____ PJ Final Review _____ Date _____