



A Unit of the Technical College System of Georgia

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**Office of Financial Aid**

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## SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Information			
Last Name	First Name	Middle	Student ID Number (or Social Security Number)
Phone Number	Email Address		
Are you currently a high school student enrolled in the Dual Enrollment program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which semester do you plan to return to CGTC: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____			

Appeal Information
<p><b>You must meet each of the following requirements in order for your appeal to be considered by the SAP Appeals Committee:</b></p> <ol style="list-style-type: none"> <li>Describe the circumstances for each semester that contributed to you being unable to successfully complete your class(es) and how these circumstances affected your academic record.</li> <li>Describe how your circumstances have now changed and will no longer affect your ability to be successful academically.</li> <li>Provide documentation that supports your case and will help us verify the circumstances that you have described. The dates on your documentation MUST coincide with the terms in which you had unsuccessful academic completions.</li> </ol>

Circumstances Select all that apply. You must provide supporting documentation for each circumstance.		
Category	Examples of Extenuating Circumstances	Examples of Documentation
<b>EMOTIONAL</b>	<input type="checkbox"/> Death of an immediate family member <input type="checkbox"/> Separation/divorce by you or your parents	<ul style="list-style-type: none"> <li>Obituary or death certificate and proof of your relationship to the deceased</li> <li>Copy of separation/divorce decree</li> </ul>
<b>FINANCIAL</b>	<input type="checkbox"/> Job loss <input type="checkbox"/> Increased work hours <input type="checkbox"/> Eviction/homelessness <input type="checkbox"/> Loss of transportation	<ul style="list-style-type: none"> <li>Separation notice/documentation from your employer or a signed, notarized statement from a third party</li> <li>Eviction notice or confirmation of homelessness from a church, shelter, etc. (must be on official letterhead)</li> <li>Vehicle repair bills or copy of a police report</li> </ul>
<b>PHYSICAL</b>	<input type="checkbox"/> Serious illness, accident, or injury to you or immediate family member <input type="checkbox"/> Hospitalization for five consecutive days <input type="checkbox"/> Significant trauma in your life that impaired your emotional health	<ul style="list-style-type: none"> <li>Documentation from a physician, social worker, counselor, police officer, or attorney</li> <li>Hospital bill or statement from physician</li> <li>Explanation of benefits from insurance company (must include dates of coverage)</li> <li>Signed, notarized statement from verifiable third party</li> </ul>
<b>MENTAL</b>	<input type="checkbox"/> Learning disability <input type="checkbox"/> Psychological disorder such as depression, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), or other, as defined by a doctor/psychiatrist	<ul style="list-style-type: none"> <li>Documentation from a physician, social worker, counselor, police officer, or attorney</li> <li>Signed, notarized statement from verifiable third party</li> </ul>
<b>MILITARY</b>	<input type="checkbox"/> Call to duty or other service	<ul style="list-style-type: none"> <li>Military orders</li> </ul>
<b>OTHER</b>	<input type="checkbox"/> Other: _____	

# SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM (continued)

## Circumstances (Continued)

Please provide a statement describing the circumstances that caused you to fall below the minimum SAP standards. Attach a typed statement or additional pages as needed to support your statement(s).

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## Resolution

How has this circumstance changed so that your academic success at CGTC is no longer affected?

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**I have read and understand the following (please check each box to confirm):**

- Incomplete appeals will not be reviewed and failure to provide adequate and time-specific documentation with this appeal form will result in my appeal being denied.
- I will be notified of the SAP Appeals Committee's decision via my CGTC student email.
- Submitting an appeal does not guarantee an approval.
- If my appeal is not approved before the payment deadline for tuition and fees, I will make a payment, sign up for the Titans FlexPay payment plan, or officially drop my class(es) before the third day of the semester to avoid charges.
- If my appeal is approved, I must respond to and meet the conditions of my academic plan to continue receiving financial aid.
- If my appeal is denied, I cannot receive financial aid until I meet SAP requirements or successfully appeal during the next semester.
- The decision of the SAP Appeals Committee is final.

I certify that I have read the CGTC SAP policy and the conditions of the appeal process, and certify that all information reported is complete and correct. I certify that documents submitted with this form are true, complete, and have not been altered.

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

\_\_\_\_\_  
Date

Revised 08/14/19