

A Unit of the Technical College System of Georgia

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DUAL ENROLLMENT STUDENTS ONLY!

p: (478) 988-6871

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SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Student Information	1			
Last Name	First Name	Middle		Student ID Number (or Social Security Number)
Phone Number		Email Address		
Which semester do you plan to return to CGTC:		☐ Fall 20	☐ Spring 20	Summer 20

Appeal Information

You must meet each of the following requirements in order for your appeal to be considered by the SAP Appeals Committee:

- 1. 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.
- 2. Describe how your circumstances have now changed and will no longer affect your ability to be successful academically.
- 3. 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.

Circumstances Select all that apply. You must provide supporting documentation for each circumstance.					
Category	Examples of Extenuating Circumstances	Examples of Documentation			
EMOTIONAL	☐ Death of an immediate family member☐ Separation/divorce by you or your parents	Obituary or death certificate and proof of your relationship to the deceased Copy of separation/divorce decree			
FINANCIAL	☐ Job loss ☐ Increased work hours ☐ Eviction/homelessness ☐ Loss of transportation	 Separation notice/documentation from your employer or a signed, notarized statement from a third party Eviction notice or confirmation of homelessness from a church, shelter, etc. (must be on official letterhead) Vehicle repair bills or copy of a police report 			
PHYSICAL	 Serious illness, accident, or injury to you or immediate family member Hospitalization for five consecutive days Significant trauma in your life that impaired your emotional health 	Documentation from a physician, social worker, counselor, police officer, or attorney Hospital bill or statement from physician Explanation of benefits from insurance company (must include dates of coverage) Signed, notarized statement from verifiable third party			
MENTAL	 □ Learning disability □ Psychological disorder such as depression, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), or other, as defined by a doctor/psychiatrist 	 Documentation from a physician, social worker, counselor, police officer, or attorney Signed, notarized statement from verifiable third party 			
MILITARY	☐ Call to duty or other service	Military orders			
OTHER	Other:				

The paper form is available for DUAL ENROLLMENT STUDENTS ONLY! All other students should use the Financial Aid Forms portal to file a SAP appeal. For more information, visit cgtc.io/FAforms or scan this code.



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 typed statement or additional pages as needed to support your statement(s).	а
Resolution	
How has this circumstance changed so that your academic success at CGTC is no longer affected?	
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 a	appeal
form will result in my appeal being denied.	appoa.
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 finance.	ncial aid.
☐ If my appeal is denied, I cannot receive financial aid until I meet SAP requirements or successfully appeal during the r	
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 report complete and correct. I certify that documents submitted with this form are true, complete, and have not been altered.	ted is
Student's Signature Date Revised	d 08/10/21

As set forth in its student catalog, Central Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies: The Title VI/Title IX/Section 504/ADA Coordinator for CGTC nondiscrimination policies is Cathy Johnson, Executive Director of Conduct, Appeals & Compliance; Room A-136, 80 Cohen Walker Drive, Warner Robins, GA 31088; Phone: (478) 218-3309; Fax: (478) 471-5197; Email: cajohnson@centralgatech.edu.