

# INSTRUCTIONS FOR COMPLETING THE SATISFACTORY ACADEMIC PROGRESS APPEAL FOR AN EXTENSION OF MAXIMUM CREDITS

## WHY YOU WERE DENIED

*Financial aid eligibility is limited to a maximum number of attempted credits based on your stated degree or certificate objective. You were denied because you have reached or exceeded 85% of the maximum number of allowable attempted credits. The attached forms must be completed if you wish to appeal for an extension of your financial aid.*

## BEFORE SUBMITTING YOUR APPEAL

- You must complete a Free Application for Federal Student Aid (FAFSA) for the semester for which you are requesting an extension of financial aid.
- You must be an admitted, degree-seeking student at Lewis-Clark State College.
- You must register for the semester for which you are requesting an extension of financial aid.

## SUBMITTING YOUR APPEAL

- Complete all sections of the appeal form.
- **Be sure to attach a signed detailed letter of explanation and any supporting documentation (medical records, physician statement, death notice, etc.)**
- Meet with your advisor to review your course schedule for the term you are requesting reinstatement. Register for the **advisor-approved** courses. Attach a copy of your advisor-approved Satisfactory Academic Progress Plan to this appeal form.
- Return your completed appeal form, letter of explanation, supporting documentation, and advisor-approved Satisfactory Academic Progress Plan, to: Lewis-Clark State College Financial Aid Office, RCH Rm.110, 500 8<sup>th</sup> Avenue, Lewiston, ID 83501, or fax to (208)792-2063.
- **DEADLINE:** The Wednesday prior to the first day of the semester for fee payment purposes. ***Incomplete appeals will not be reviewed.***

## AFTER SUBMITTING YOUR APPEAL

- You will receive an email decision on your appeal.
- If your appeal is approved, you will be placed on a Satisfactory Academic Progress Plan and your eligibility will be reinstated. The Satisfactory Academic Progress Plan is the same as the Satisfactory Academic Progress Plan you submit with your appeal.
- You are responsible for meeting the terms of your Satisfactory Academic Progress Plan. You will be denied future financial aid if you do not meet the terms of your Satisfactory Academic Progress Plan.
- If your petition is approved, we will continue processing your Financial Aid application. If you have not received a Financial Aid offer, you may be required to submit additional information before an offer will be determined. If you had already received an offer, the funds will be available to you based on the disbursement schedule of Lewis-Clark State College.
- If your appeal is denied you have the option to appeal to the Vice President of Student Affairs. If you choose to meet with the Vice President of Student Affairs, you should electronically schedule an appointment immediately. In the meeting, you will be given an opportunity to explain your circumstances further and submit additional information. The Vice President of Student Affairs will make the final decision to approve or deny your appeal.
- **Withdrawing from any or all courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in loss of financial aid eligibility.**

## Lewis Clark State College Satisfactory Academic Progress Appeal for Extension of Maximum Credits

You have been denied financial aid because you have reached or exceeded 85% of the maximum allowable attempted credits to complete your educational objective. To appeal for an extension of your financial aid, you must submit this appeal form, a signed detailed letter of explanation, supporting documentation and an advisor-approved Satisfactory Academic Progress Plan to: **Lewis-Clark State College Financial Aid Office, RCH RM 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name: \_\_\_\_\_ LC State ID#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### You must complete all items:

1. Provide the semester for which you are requesting financial aid reinstatement. (Enter year)  
Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_
2. Provide the following:
  - a. Your current degree or certificate objective: \_\_\_\_\_
  - b. Your current grade level: \_\_\_\_\_ (e.g freshman, sophomore, etc.)
  - c. Your anticipated graduation date: \_\_\_\_\_ (Month, Year)
3. Attach a signed letter of explanation detailing why you need to extend the maximum allowable credits to complete your educational objective. Include in the letter of explanation specific information about how you plan to complete your degree or certificate and the number of credits needed.
4. If you are a transfer student, attach a highlighted, signed and dated Transfer Equivalency Report (TRER) from your advisor indicating credits applied to degree or certificate.
5. Attach your signed advisor-approved Satisfactory Academic Progress Plan, letter of explanation, and supporting documentation to this form.

### CERTIFICATION AND CONTRACT:

I certify the information contained in this appeal and all supporting documentation is accurate and complete to the best of my knowledge. I understand I may be asked to provide additional documentation. I understand providing false information could result in denial, reduction, and/or immediate repayment of financial aid.

If my appeal is approved, I agree to pass all of the courses outlined on my advisor-approved Satisfactory Academic Progress Plan, maintain a 2.0 GPA or higher for each semester, and maintain a 2.0 cumulative GPA through the end of my Satisfactory Academic Progress Plan. I cannot deviate from or change the advisor-approved Satisfactory Academic Progress Plan without approval from the Financial Aid Office and my advisor. I understand the final semester listed on the degree plan is the last semester for which I can receive financial aid for this educational objective even if I do not graduate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lewis-Clark State College is an Equal Opportunity Provider, all forms are available in alternative formats to assist persons with disabilities. Please give reasonable notice to the Financial Aid Office. TTY 711 or <https://www.sorenson.com/video-relay/>

# SATISFACTORY ACADEMIC PROGRESS PLAN

## MAXIMUM CREDITS

You have been denied financial aid because you have reached or exceeded 85% of the maximum allowable attempted credits to complete your educational objective. To appeal for an extension of your financial aid, you must submit this appeal form, a signed detailed letter of explanation, supporting documentation and an advisor-approved academic progress plan to: **Lewis-Clark State College Financial Aid Office, RCH RM 110, 500 8th Avenue, Lewiston, Idaho 83501**

Student Name: \_\_\_\_\_ LC State ID#: \_\_\_\_\_

Major: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

**Student:** In order to determine how many additional semesters of Financial Aid you need to graduate, complete this form by identifying all remaining requirements (general education, major, minor, electives, upper division, etc.). With the help of your academic advisor, identify the semester during which you plan to take each course.

**Academic Advisor:** After this plan is completed, please review and sign it verifying all remaining credits and specific courses needed for the student to graduate are included. Please make sure only those courses necessary to graduate are listed.

**Anticipated Graduation Date:** \_\_\_\_\_

| FALL SEMESTER: _____ |        |              |     |
|----------------------|--------|--------------|-----|
| DEPT                 | NUMBER | COURSE TITLE | CRS |
|                      |        |              |     |
|                      |        |              |     |
|                      |        |              |     |
|                      |        |              |     |
|                      |        |              |     |

| SPRING SEMESTER: _____ |        |              |     |
|------------------------|--------|--------------|-----|
| DEPT                   | NUMBER | COURSE TITLE | CRS |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |

| FALL SEMESTER: _____ |        |              |     |
|----------------------|--------|--------------|-----|
| DEPT                 | NUMBER | COURSE TITLE | CRS |
|                      |        |              |     |
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| SPRING SEMESTER: _____ |        |              |     |
|------------------------|--------|--------------|-----|
| DEPT                   | NUMBER | COURSE TITLE | CRS |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |
|                        |        |              |     |

***I have met with this student and confirm the courses listed above are the remaining courses needed to graduate in the identified major.***

Advisor Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I have met with my academic advisor and agree to register for the courses listed. I understand I must have a minimum grade point average (GPA) of 2.0 at the end of each semester and I must maintain a cumulative 2.0 GPA through the end of my plan. I understand withdrawing from courses while on a Satisfactory Academic Progress Plan will be considered failing the Satisfactory Academic Progress Plan and result in the loss of financial aid eligibility. I understand I am expected to graduate at the end of my plan.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_