



# COLLEGE of SOUTHERN MARYLAND

## 2026-2027 Financial Assistance Satisfactory Academic Progress Appeal

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

To be eligible for financial assistance (federal student aid and most need-based assistance), Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas: cumulative grade point average (GPA), credits earned or completion rate and maximum timeframe. It is the student's responsibility to stay informed of the college's SAP standards and to monitor his or her own progress. A complete description of CSM's SAP policy can be found in the college catalog appendices.

Students not covered by these regulations are required to maintain good academic standing as outlined by the college catalog (Academic Standing/Dismissal).

In some cases, a student's failure to be in compliance with credits earned or completion rates areas of SAP may be due to events **beyond the student's control**. If such circumstances can be documented for the specific semester(s) when the deficiencies occurred, the student may **submit this completed SAP Appeal Form along with all required documentation**. Submission of the appeal does not guarantee approval.

If your appeal is approved and your financial assistance is reinstated, it will not be retroactive to any semester when these standards were not met. The Student Services Appeals Committee will notify you once a decision has been made on your appeal.

Be sure to include your name and student ID number on any documentation submitted.

### 1. Please check the term for which you are submitting a SAP appeal.

- Fall Semester | July 24, 2026
- Spring Semester | December 11, 2026
- Summer Semester | April 17, 2027

### 2. Please indicate which circumstance below best applies to you (must check at least one):

- Illness or Injury which prevented my attending class (*please attach medical records or doctor's letter on doctor's letterhead—must include date of illness or injury*)
- Illness of Family Member which prevented my attending class (*please attach medical records or doctor's letter on doctor's letterhead—must include date of illness or injury*)
- Death of Family Member (*please attach obituary, funeral program or death certificate—must include date*)
- Required Court Dates (*please attach court documents*)
- Childcare or Transportation issues (*please attach proof that issue has been resolved, i.e. childcare facility arrangements, car repair or purchase invoice, etc.*)
- Unavoidable Work Conflict (*please attach statement from employer on company letterhead explaining the nature of the work conflict*)
- Numerous Credits outside of current Program of Study (*please attach proof that you completed a program elsewhere; or, please explain what life circumstances have prompted you to pursue this new program*)
- Other Unavoidable Event and third-party documentation of event on organization letterhead (*i.e. licensed counselor, social worker, pastor, and teacher—no family members*): \_\_\_\_\_

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3. Provide a detailed and legible explanation of the circumstances indicated in question 2 that led to the SAP violation and why those circumstances are no longer affecting your academic performance. In addition, indicate what you have done to address the problems that have prevented you from maintaining SAP to ensure future compliance with SAP standards.

4. **My Academic Plan:**

Please initial the following statements below, acknowledging you have read and understand the guidelines pertaining to your SAP appeal.

- I understand that I must be taking classes towards my program of study. \_\_\_\_
  - I understand that I may have to meet with an academic advisor to discuss my academic plan if granted this appeal, which may not occur before the final payment date for the semester. \_\_\_\_\_
  - I understand that I **CANNOT** drop, audit, fail, or fail with nonattendance if my appeal is granted or it will be void. \_\_\_\_\_
  - I understand that I can only be granted one appeal per circumstance. \_\_\_\_
  - I understand that the Office of Student Financial Aid will be monitoring my progress and that my appeal will be void if I do not comply with the plan. \_\_\_\_\_
  - I have read and I understand the requirements to stay in good standing for financial aid (Satisfactory Academic Progress). \_\_\_\_\_
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- I understand that if I do not meet with an academic advisor as required my appeal can be revoked, even after being granted for the academic period. \_\_\_\_\_

5. **Certifications and signature.** I am requesting to have my financial aid eligibility reinstated. I understand that the Appeals Committee will not accept any SAP appeal that is incomplete or lacks documentation. By signing this form, I certify that the information on this form is truthful and accurate.

\_\_\_\_\_  
Signature (Handwritten)

\_\_\_\_\_  
Date

**You may return this form by:**

<b>Mail</b> College of Southern Maryland Financial Assistance Department P. O. Box 910 La Plata, MD 20646	<b>Email</b> finaid@csmd.edu	<b>Hand Delivery</b> FAD Office La Plata, Leonardtown Prince Frederick
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