



2025-2026 Financial Assistance Satisfactory Academic Progress Appeal

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.

Name			Student ID number
Last:	First:	MI:	
Current mailing address			
Street:			
City:	State:	Zip:	
Day phone:		Evening phone:	

1. Please check the term for which you are submitting a SAP appeal. The deadlines are as follows:

- ☐ Fall / Spring Semester | July 3, 2025
- ☐ Spring Semester | November 7, 2025
- ☐ Summer Session | April 3, 2026

2. Please indicate the circumstances that have contributed to your inability to maintain SAP by checking any category below that applies to you. You also must follow the instructions for each checked category.

☐ **Serious illness or injury to you or an immediate family member (parent, spouse, sibling, child) that required extended recovery time.** Attach a statement from the physician and explain the nature and dates of the illness or injury in question 3 of this form. If confined to bed rest or limited mobility by your physician, please make sure that your physician includes the beginning and ending dates in his or her statement.

☐ **Death of an immediate family member (parents, spouse, brother, sister, child).** Attach a photocopy of the death certificate or an obituary and include the name of the deceased and relationship to you in question 3 of this form.

☐ **Significant trauma in your life that impaired your emotional and/or physical health.** Provide a detailed explanation in question 3 of this form regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.

☐ **Other unexpected, documented circumstances beyond your control.** Provide a detailed explanation in question 3 of this form explaining the nature and dates of the unexpected circumstances. Supporting documentation also must be provided.

Complete reverse side

3. Provide a brief explanation below 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. Attach additional sheets if necessary.

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 based on the number of credits that I plan on enrolling in, I will graduate in _____
- I understand that I may have to meet with an academic advisor to discuss my academic plan if granted this appeal. _____
- 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 am not complying with the plan. _____
- I have read and I understand the requirements to stay in good standing for financial aid (Satisfactory Academic Progress). _____
- I understand that I must follow my financial aid academic success plan in its entirety in order to remain eligible for financial aid. _____
- 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:

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