



ATTENTION: SAP Appeals must be submitted in-person

Section 1: STUDENT INFORMATION

NSHE	Last Name	First Name	MI
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I am submitting a SAP Appeal for the following semester: (Select one only)

- Fall 2023** **Spring 2024** **Summer 2024**

Section 2: CHECK THE REASON YOU ARE REQUESTING THIS APPEAL:

- My CSN cumulative Grade Point Average (GPA) is below the required 2.0 GPA
- I am NOT on PACE to graduate (earned credits divided by attempted credits are less than the 66.67% minimum)
- I have EXCEEDED the Maximum Timeframe for my program of study

Section 3: REQUIREMENTS FOR ALL APPEALS – NOTE: Incomplete appeals are subject to denial

- 1) A Signed, Typewritten Personal Statement explaining:
 - Any extenuating circumstances that caused you to be placed on SAP suspension, please include any relevant dates in your statement
 - How the extenuating circumstance(s) caused your academic under-performance; and
 - What you have done to overcome the extenuating circumstance(s).
- 2) Official documentation that supports your extenuating circumstance(s)(copies) as mentioned in your personal statement (i.e., medical documentation, police reports, etc.)
- 3) A completed Financial Aid Academic Rehabilitation Plan signed by you and your Counselor/Health Science Advisor

FOR MAXIMUM TIMEFRAME APPEALS ONLY

Note: If you transferred to CSN, it is recommended to have your official transcripts from all previously attended institutions evaluated by the Office of the Registrar before submitting this appeal

I already have a college degree or certificate and want to pursue an additional degree/certification – complete below:

Degree Awarded: _____ Awarding Institution: _____
 (Type of degree: Cert/AA/BA/etc. and subject, e.g., AA-History) (Name of college/university)

Section 4: CERTIFICATION AND STATEMENT OF UNDERSTANDING:

Students may submit **one SAP Appeal per Suspension period.** All appeals will be reviewed by the SAP Appeals Committee and can be either approved or denied. If denied, students will not be eligible for Financial Aid. All decisions made by the SAP Appeals Committee are final and may not be reconsidered or reappealed.

- I certify that the information contained within this appeal, including all attachments and enclosures, is accurate and truthful.
- I understand the Office of Financial Aid will **NOT** hold my classes pending a decision by the SAP committee.
- I further understand that it is my responsibility to pay for my courses to remain enrolled if a decision is still pending
- The decision of the Appeals Committee is **final**.

 Student Signature (Required)

 Date



ACADEMIC REHABILITATION PLAN

(To be completed by a CSN Counselor or Health Sciences Advisor)

Student Name: _____ NSHE ID: _____

Declared Major: _____ Catalog Year: _____

SECTION 1: Only include classes that lead towards the completion of the declared major. Please add course name and number.

NOTE: If semesters five (5) or six (6) are needed, please add an additional sheet to include those planned terms.

FIRST SEMESTER RECOMMENDED CLASSES Term: _____		SECOND SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

THIRD SEMESTER RECOMMENDED CLASSES Term: _____		FOURTH SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

Total credits Remaining until graduation	<input type="text"/>	Total transfer credits brought to CSN by student	<input type="text"/>	Total transfer credits that apply to CSN degree, including previous CSN degree credits	<input type="text"/>
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Section 2: Counselor Attestation

Notes & Recommendations: _____

Counselor/Health Science Advisor Printed Name: _____ Department: _____

Counselor/Advisor Signature: _____ Date: _____

Section 3: Student Acknowledgement

I acknowledge and understand that any failures or withdrawals (including audits) will invalidate this plan and place me back on Financial Aid SAP suspension. I agree to follow this Academic Rehabilitation Plan and if any changes are required, I agree to meet with my counselor/health science advisor to create and submit an updated Academic Rehabilitation Plan to the Financial Aid Office.

Agree and Acknowledge: _____ Date: _____

Student Signature (wet/ink Signature Required)