



ATTENTION: SAP Appeals must be submitted in-person

Section 1: STUDENT INFORMATION

NSHE _____ Last Name _____ First Name _____ MI _____

I am requesting this appeal for the following semester(s): Fall 2022 Spring 2023 Summer 2023

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, 66.67% minimum (Earned credits divided by attempted credits)
- 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:

- 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 (Wet/Ink 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)