



**Return this form to any of the following:**

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

## Satisfactory Academic Progress (SAP) Appeal Form

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Submitting Appeal for: <b>Term:</b> (mark only one) <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	
<b>Degree/Major:</b>	

**To be considered for an appeal, you must:**

- Attach a **statement (typed, signed, and dated)** that includes responses to both of the following questions:
  1. **Why have you failed to make satisfactory academic progress?** Explain in detail.
    - You may provide supporting documentation such as: medical records, court records, death certificates, or unemployment verification.
  2. **What has changed that will allow you to make satisfactory academic progress for your next term of enrollment?** Explain in detail.

\*Be sure to address the circumstances that have affected you in your most recent term(s) and any previous term(s) of enrollment.

Your appeal will be reviewed by a committee on the next scheduled appeal date and you will be notified of the committee’s decision through your CASC email account.

By signing below, you are certifying that everything submitted is true and complete to the best of your knowledge. Should the committee find anything provided in support of your appeal to be inaccurate, then your appeal will be automatically denied.

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Date**