

Milledgeville, Dublin, Madison  
and Sandersville  
201 E. Greene St.  
Milledgeville, GA 31061  
(478) 387-4875  
(478) 445-6520 Fax  
fahelpMilledgeville@gmc.edu

Valdosta  
4201 N. Forrest St.  
Valdosta, GA 31605  
(229) 375-5651  
(229) 293-6043 Fax  
fahelpValdosta@gmc.edu

Augusta  
115 Davis Rd.  
Martinez, GA 30907  
(706) 933-1123  
(706) 651-7342 Fax  
fahelpAugusta@gmc.edu

Columbus  
7300 Blackmon Road  
Columbus, GA 31909  
(706) 478-1688  
(706) 568-5311 Fax  
fahelpColumbus@gmc.edu

Fairburn & Stone Mountain  
320 W. Broad St.  
Fairburn, GA 30213  
(678) 379-1414  
(770) 306-6406 Fax  
fahelpFairburn@gmc.edu

Fayetteville  
461 Sandy Creek Rd.  
Suite 3151  
Fayetteville, GA 30214  
(678) 846-9317  
fahelpFayetteville@gmc.edu

Online  
201 E. Greene St.  
Milledgeville, GA 31061  
(478) 387-4900  
(478) 445-1548 Fax  
fahelpOLC@gmc.edu

Warner Robins  
801 Duke Ave.  
Warner Robins, GA 31093  
(478) 225-0005  
(478) 329-4738 Fax  
fahelpRobins@gmc.edu



## Satisfactory Academic Progress Appeal Mitigating Circumstances

***\*Only valid for suspensions prior to November 30, 2015\****

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility in three areas: Cumulative Grade Point Average (GPA), 67% Completion Rate, and Maximum Time Frame. It is the student's responsibility to stay informed of the college's SAP standards and to monitor his/her own progress. You may review GMC's SAP policy in its entirety at [www.gmc.cc.ga.us](http://www.gmc.cc.ga.us) under Financial Aid.

In some cases, a student's failure to be in compliance with one or more areas of SAP is due to events beyond the student's control. Complete this form if such mitigating circumstances resulted in your failure to meet the GPA standard, Completion Rate standard, or both.

If your appeal is approved and your financial aid is reinstated, it will not be retroactive to any term when these standards were not met. All decisions of the Financial Aid Appeal Committee are final and not subject for further appeal. **Please submit this form to the campus you attend as soon as grades are submitted and you are notified of your suspension status.**

**Name**

**GMC Student ID**

**GMC Email Address**

**A. You must indicate (with a check mark) which mitigating circumstance below has affected your ability to maintain SAP. You also must submit documentation to show that the circumstance occurred during the timeframe in which you failed to meet SAP. Any appeal without documentation attached will automatically be denied.**

- ☐ **Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required hospitalization, convalescence in an institutional setting, or confinement at home for at least seven (7) days.** Attach a statement from the appropriate medical professional on official letterhead and explain the nature and dates of the illness in section B 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/her statement.

- ☐ **Death of an immediate family member or person who shared the student's household.** Attach a photocopy of the death certificate and/or notice from a newspaper and include the name of the deceased and relationship to you in section B of this form.
- ☐ **Significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation in section B 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.) must also be attached.

**B. On a separate sheet of paper, provide a typed detailed explanation of the circumstances indicated in part A of this form which led to the SAP violation and why those circumstances are no longer affecting your academic performance.**

**C. Certification and signature.**

1. I have read and understand the SAP Policy of Georgia Military College.
2. I am requesting to have my financial aid eligibility reinstated because I have failed to meet those standards in the past.
3. I am submitting my SAP appeal with documentation attached which supports my selection from section A of this form.
4. I am submitting a **typed personal statement** as described in section B of this form. **I have signed this statement.**
5. I understand that any exceptions to the mitigating circumstances in section A of this form must be documented and approved by the Financial Aid Director.
6. I understand that the Financial Aid Office may deny without question any SAP appeal that is incomplete or lacks documentation.
7. I understand that I am responsible for all tuition expenses while my appeal is being reviewed.
8. I understand that I will be responsible for paying out of pocket for my classes if this appeal is denied. If I am unable to pay, I must drop my classes prior to the end of drop/add.
9. I understand that if my appeal is denied, I must take at least ten **hours of college level courses** and pass with a 2.0 GPA or better in order to be eligible to submit an Academic Success Appeal the following term.
10. I understand that if my appeal is approved, financial aid will only pay for one attempt of each course listed above. If I do not successfully complete the course(s), I will have to pay out of pocket to retake them.
11. By signing this form, I certify that the information on this form is truthful and accurate. If I provide false or misleading information, I understand that I may be fined up to \$10,000, sent to prison, or both.

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**Signature**

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**Date**

**Please allow 7 days for review. The GMC Financial Aid Office will use your student email address to contact you regarding the outcome of your appeal. You are responsible for checking your GMC student email frequently.**