



## 2023-2024 Non-Federal Aid Satisfactory Academic Progress Appeal

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Student Name

Student ID #

**NOTE: This form is for students who have NOT completed a 2023-2024 FAFSA, and therefore are only receiving aid other than federal funds, such as HOPE, GTEG, and Dual Enrollment funds.**

After a review of your academic history, it has been determined that you are not meeting one or more of the standards established in the Satisfactory Academic Progress (SAP) Policy. You can appeal this decision by providing additional information listed below regarding the unusual circumstances beyond your control that has led to not meeting the SAP standards.

1. **A signed personal statement detailing:**
  - a. Mitigating circumstances that caused you to fail to meet Satisfactory Academic Progress
  - b. What has changed which will enable you to meet Satisfactory Academic Progress at the next evaluation
  - c. The steps you will take to ensure you continue to meet Satisfactory Academic Progress in the future
  
2. **You must submit documentation to prove the mitigating circumstance occurred during the time period in which you had academic difficulties. Third party documentation cannot be from a relative.**
  - a. 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. Submit a statement from the appropriate medical professional on official letterhead and explain the nature and dates of the illness. 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.
  - b. Death of an immediate family member or person who shared the student's household. Submit a copy of the death certificate and/or notice from a newspaper and include the name of the deceased and relationship to you.
  - c. Significant trauma in student's life that impaired the student's emotional and/or physical health. Provide a detailed explanation 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 submitted.

**NOTE: If this appeal is for Maximum Time Frame, you must visit your academic advisor and request a signed copy of your program evaluation (EVAL). This evaluation must be submitted along with the other appeal documents listed.**

For detailed information on the SAP policy at Georgia Military College please visit [www.gmc.edu](http://www.gmc.edu). Please contact the Financial Aid office at your campus for additional information or if you have questions.

### Certification and Signatures

By signing this worksheet, you certify that all of the information reported on it is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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Student Signature

Date

**Submit this worksheet to the financial aid office at your campus. You should make a copy of this worksheet for your records.**