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2023-2024

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

GUIDELINES

Students failing to meet SAP requirements may appeal this determination to the Director of Financial Aid. Please read and submit the appeal to the Director of Financial Aid.

An appeal must be based on significant mitigating circumstances

- You must complete all sections of the appeal (I – III).
- Attach a statement of explanation with corresponding dates and documentation to support your appeal.
- Completed forms will be reviewed within 30 business days.
- Retain this instruction sheet and keep copies of your documents for your records.
- Incomplete information or documentation will be denied.

Circumstances that may be considered mitigating with supporting documentation

1. Medical emergency or health issues affecting student or family.
2. Death of immediate family member (parent, spouse, sibling, child).
3. Divorce experienced by you or your parent.
4. Significant trauma in student's life.
5. Other significant unexpected and documented circumstances beyond the control of the student.

Changes in program of study are not viewed as mitigating circumstances, since the standard is quite generous in the time frame allowed to complete a degree.

Documentation may include, but is not limited to, one or more of the following:

1. Statement from your doctor on letterhead and signed by the doctor.
2. Death certificate or obituary (include relationship to student).
3. Police incident Report.

If you did not have any mitigating circumstances which prevented you from meeting Satisfactory Academic Progress, you may regain financial aid eligibility by using your own resources to attend and complete coursework until you meet the standards.

SUBMISSION OF AN APPEAL DOES NOT GUARANTEE APPROVAL

PLEASE PLAN TO PAY YOUR TUITION & FEES THROUGH OTHER RESOURCES WHILE YOUR APPEAL IS UNDER REVIEW

2023-2024
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This appeal is only for students who do not meet the standard of satisfactory academic progress and have mitigating circumstances to appeal. Complete all sections of the appeal (I - III).

Completed forms will be reviewed within 30 business days. Written notification of the decision will be mailed.

STUDENT INFORMATION

Student's Last Name	First	Student ID Number				
Home Phone Number ()	Cell ()					
Street Address	City	State	Zip			

SECTION I

I have read all the information provided in this appeal and have completed sections I – III.

Certification Statement:

I declare under penalty of perjury that the information I provide for this petition is true and correct.

Student's Signature _____ Date _____

Return this form to: Ashley Barnett
Director of Financial Aid
Northeast Technical Institute
51 US Route 1, Suite K
Scarborough, ME 04074

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SECTION II

Please indicate the mitigating circumstances that have contributed to your inability to maintain SAP by checking the category that applies to you. Event dates must correspond. Follow the instructions for the category. The appeal and documentation must be submitted as a complete package. Incomplete appeals will be denied.

- ☐ **Serious illness, accident or injury, to student or immediate family member (parent, spouse, sibling, child).**
Write a detailed statement of the circumstances. Attach supporting documentation; physician's statement, police report or other documentation from a third party professional, etc.
- ☐ **Death of an immediate family member (parent, spouse, sibling, child).**
Write a detailed statement of the circumstances; include the name of the deceased and relationship to you. Submit a copy of the obituary and/or death certificate.
- ☐ **Divorce experienced by you or your parent.**
Write a detailed statement of the circumstances. Attach an attorney's letter on law firm's letterhead or copy of divorce decree.
- ☐ **Significant trauma in student's life that impaired the student's emotional and/or physical health.**
Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc.
- ☐ **Other significant unexpected and documented circumstances beyond the control of the student.**
Write a detailed statement of the circumstances, include dates. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc.

Please provide the following information as part of your appeal. **Include additional sheets if needed.**

- [illegible]

- [illegible]

- [illegible]

OFFICE USE ONLY:
Courses Required to Complete Career Diploma
Please map the student's academic progression for completion.

Course Title	Course Number	Credits	Date

PLEASE ATTACH UPDATED ACADEMIC LESSON PLAN