



**Financial Aid**  
201 E. Greene Street | Milledgeville, Georgia 31061  
(800) 342-0413 | (478) 387-4842 | (478)445-1257 Fax

### **Satisfactory Academic Progress Appeal Maximum Time Frame**

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.

A student's maximum time frame for completion of their academic program must not exceed 150% of the primary program length. This means that a student's attempted and transferred credit hours cannot exceed 150% of the credit hours necessary for completion of their primary degree. Complete this form if you have attempted 150% of the credit hours needed for your primary degree and you still have remaining hours to complete your degree(s).

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 to further appeal. **It is strongly recommended that you submit this form prior to the last day of late registration for the term in which you are appealing your SAP violation.**

**Name**

**GMC Student ID**

**GMC Email Address**

**A. Indicate (with a check mark) the reason for your maximum time frame appeal and submit the required documentation for that category.**

- This appeal is a request to complete a second degree.** On a separate sheet of paper, provide a typed and signed explanation of why you are seeking a second degree. Please give specific examples of how the completion of this second degree will positively impact your career goals. Your second degree must be documented with the Registrar's Office.
  
- This appeal is a request for additional time to complete your current degree.** On a separate sheet of paper, provide a typed and signed statement describing of the extenuating circumstances that prevented you from completing your degree within the 150% timeframe. Give specific events that affected your ability to attend and/or successfully complete your courses. Provide supporting documentation that corresponds with the events described in your statement. Examples of supporting documentation include but are not limited to:
  - A statement on official letterhead from a medical professional that describes the nature and dates of an illness experienced by the student.
  - A copy of the obituary or death certificate for an immediate family member or someone who shared the student's household.
  - A statement on official letterhead from a physician, social worker, psychiatrist, police officer, or any other third party who has knowledge of the events described in your personal statement.

**B. Meet with your advisor and complete the Certification of Remaining Program Hours below. Appeals submitted without this will be denied.**

**Note to Advisor:** The student above requires additional hours in excess of the maximum financial aid hours allowed to complete his/her program(s) of study. We must verify the courses required for completion. Please list all required courses and sign.

Program(s) of Study: \_\_\_\_\_

Course	Number of Hours

\_\_\_\_\_  
**Advisor Name** **Department**

\_\_\_\_\_  
**Advisor Signature** **Date**

**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 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.
4. I understand that the Financial Aid Office may deny without question any SAP appeal that is incorrect or lacks documentation.
5. I understand that I am responsible for all tuition expenses while my appeal is being reviewed.
6. 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.
7. 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 \$10,000, sent to prison, or both.

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

Please allow seven days for review. The GMC Financial Aid Office will use your student email address to contact you on most occasions. You are responsible for checking your GMC student email frequently.