DEL MAR COLLEGE
FINANCIAL AID SERVICES

Satisfactory Academic Progress (SAP) Appeal

The appeal process provides an opportunity to seek reinstatement of financial aid funds based on submitting proof of extenuating circumstances that prevented the student from meeting satisfactory academic progress during the previous enrollment period(s). Your submitted appeal will be reviewed by a financial aid administrator and a decision will be made regarding your circumstances. The review process can take up to 4 - 6 weeks or longer to complete.

Section A: Student Information

Name: _____ Student ID#: _____

Phone #: _____ DMC Email: _____

Section B: Reasons for Appeal

Directions: Check your reason(s) for appealing and the category that contributed to your inability to maintain SAP during the semester(s) that led you to your financial aid suspension status below:

Reason(s) for Suspension (Check all that apply)

☐ **Grade Point Average (GPA)** – a cumulative GPA of 2.0 was not maintained over at least 4 semesters

☐ **Completion Rate** – two consecutive semesters were not completed according to the minimum standard

☐ **Timeframe** – (excessive hours) student exceeded the maximum time frame of 150% of the program

Mitigating Circumstance

☐ Serious illness, accident or injury, to student or immediate family member (parent, spouse, sibling, or child). Attach supporting documentation; physician's statement, police report or other documentation from a third party professional; hospital billing statement, etc.

☐ Death of an immediate family member (parent, spouse, sibling, child). 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. Type 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. 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.

☐ Change of degree plan/major. Students submitting appeals for this circumstance may only submit up to two appeals while enrolled and MUST have completed the requirements of the previous appeal.

☐ Other significant and unexpected documented circumstances beyond the control of the student such as job loss, need for retraining, etc.

Section C: Appeal Requirements

- Attach a **TYPED detailed statement of the circumstances checked off on the previous page**. Your statement must include a **TIMELINE** if you are attaching documentation to show how the event prevented you from maintaining satisfactory academic progress and what has changed in your situation that would allow you to demonstrate SAP at the next evaluation of grades. **PLEASE SIGN YOUR STATEMENT.**
- Attach an **Updated Academic Evaluation plan** for the major in which you are appealing for. Academic Evaluation **MUST** be completed by your Academic Advisor with a current date and signature.
  Prior to submitting your appeal, you are required to confirm the Registrar's Office has the correct/updated academic program and catalog year on file and it matches the Academic Evaluation attached.
- All students that are appealing for majors with programs that require acceptance **MUST** attach a **copy of their acceptance letter into said program**.
  All students who submit an appeal are required to read the Del Mar College Satisfactory Academic Progress Policy located on our homepage: www.delmar.edu/becoming-a-viking/afford/
- You are required to check your preferred student email on file up to 4-6 weeks after submitting your appeal.

**** Beginning Fall 2026, the following semester deadlines to submit an appeal will be implemented. ****

- **Fall: October 1**
- **Spring: March 1**
- **Summer: July 1**

Certification and Signature

I have read the Satisfactory Academic Progress (SAP) Policy and agree with all of the appeal requirements above. I understand that incomplete appeals will be denied, the processing time can take up to **4 – 6 business weeks or longer**, and that registration costs will be covered by myself while this appeal is being reviewed. I understand that the financial aid administrator's decision is FINAL and cannot be overturned.

Student's Name (Print):_____ Student ID#:_____

Student's Signature:_____ Date:_____

Section D: Certification Statement

- I declare under penalty of perjury that the information provided for this appeal is true and correct.
- I understand that if circumstances merit documentation, if not attached, my appeal will automatically be denied and that the submission of this appeal does not guarantee approval.
- By signing below I understand that decisions are processed on a case-by-case basis and the financial aid administrator may deny any SAP appeal. I also understand that the decision of the appeal is **FINAL**.
- If my appeal is **APPROVED**, by signing below I recognize that I am expected to make satisfactory academic progress as detailed in the terms and conditions letter **emailed** to my **WEBDMC email** on file with the Registrar's Office. Conditions may include, but are not limited to:
    - Not withdrawing, dropping or receiving an incomplete for current or future classes.
    - Enrolling in ONLY credit hours recognized as required courses towards completion of my certificate/degree.
- I have confirmed with the Registrar's Office the major that I am appealing for has the correct/updated academic program on file and the catalog year matches the Academic Evaluation provided.
- **I understand that I must be prepared to pay all tuition and fee costs through other sources while my appeal is being reviewed.**
- I understand that any outstanding balances must be paid in full prior to submitting my appeal and that my financial aid appeal request will not waive or resolve any outstanding balances.
- **I understand, if approved, there is no guarantee that my original awards (if applicable) will be reinstated**.

Student's Name (Print):_____ Student ID#:_____

Student's Signature:_____ Date:_____

Section E: Academic Summary (Advisors Only)

This section is to be completed by the Academic Advisor for the student's major in order to determine the student's opportunity for meeting the requirements of the DMC Satisfactory Academic Progress (SAP) Policy and to support the student's appeal for reinstatement of financial aid awards. **Please print and attach the EVAL screen with Academic Advisor signature on it.**

Important Note: List only ONE major.

Major:_____ Catalog Year:_____Cumulative GPA:_____Expected Graduation Date:_____
(Example: LIBA.AA)

If applicable, has the student been accepted into the above name program?

Check one: _____Yes _____No _____ Not Applicable

Number of remaining credit hours needed to complete certificate or degree:_____

(Include the current semester hours if the student is enrolled)

Terms and Courses Required to Complete Degree

Directions: Map the student's academic progression for one year (equivalent 2 terms) or to completion below. (Be sure to include any remedial and prerequisite courses if applicable).

Term:_____ Year:_____	Term:_____ Year:_____
Course 1	Course 1
Title:_____ Number: _____ Hours_____	Title:_____ Number: _____ Hours_____
Course 2:	Course 2:
Title:_____ Number: _____ Hours_____	Title:_____ Number: _____ Hours_____
Course 3:	Course 3:
Title:_____ Number: _____ Hours_____	Title:_____ Number: _____ Hours_____
Course 4:	Course 4:
Title:_____ Number: _____ Hours_____	Title:_____ Number: _____ Hours_____
Course 5:	Course 5:
Title:_____ Number: _____ Hours_____	Title:_____ Number: _____ Hours_____

Is the student required to take any remedial courses? If so, indicate below and the term(s) they will be taken:

_____

Is the student required to take any pre-requisites? If so, indicate below and the term(s) they will be taken:

_____

Certification and Signature

I hereby certify that the above calculations are correct to the best of my knowledge and are based on the appropriate academic evaluation **attached** to this appeal.

Advisor's Name (Print):_____ Phone#:_____

Advisor's Signature:_____ Date:_____

Department:_____ Email:_____