

AMERICAN COLLEGE OF THE BUILDING ARTS

SAP APPEAL FORM

A student who wishes to appeal his/her Academic Dismissal and/or Financial Aid suspension must complete this form and return it to the Office of the Registrar by the deadline specified in the Dismissal letter you received. Once this form is received, a meeting will be scheduled by the Academic Review Board that you will attend to discuss your responses to Section II below.

Section I: Student Information

Last Name	First Name	MI	ACBA ID Number
Mailing Address		City/State	Zip
Craft Specialization		Email	

My appeal requests an Academic Achievement Plan for _____ (Term/Year, e.g. Spring 2018).

My appeal requests reinstatement of Financial Aid Benefits for _____ (Term/Year, e.g. Spring 2018).

Section II: Academic Review Board Questions

Be prepared to answer the following questions at your meeting with the Academic Review Board.

1. Explain the extenuating circumstances that prevented you from being academically successful during the term indicated above. Extenuating circumstances may include, but are not limited to: personal injury or illness; family issues/difficulties; death of a relative; difficulty balancing responsibilities, etc.
2. Explain what has changed in your life that will now allow you to be academically successful.
3. Explain the strategies you will utilize that will allow you to be academically successful at ACBA in future terms, if given the opportunity. Be specific and provide justification for each strategy. Your strategies might include, but are not limited to: a commitment to seek tutoring or counseling; a commitment to join a study group; a commitment to spend a number of hours per class studying each week, etc.

Section III: Student Statement/Signature

I hereby request readmission to the College after my Academic Dismissal, if applicable, and/or of my Financial Aid Eligibility (SAP). I understand that ACBA has the final decision in all Appeals. I also understand and agree that I am bound by the credit/GPA conditions applied to me in the Academic Plan created specifically for me by the Academic Review Board, and that I must comply with all of these conditions or I will again be academically dismissed and/or made ineligible for financial aid

Student Signature _____ Date _____

Office of the Registrar Only

Date Received:

Approved

Denied