HOPKINSVILLE COMMUNITY COLLEGE
SAP APPEAL/DEGREE AUDIT
INFORMED STATEMENT

Name Last	**Name First**	**MI**
Student ID#	**Area Code/Phone (home)**	
Address	**Area Code/Phone (cell)**	
City	**ST**	**Zip**
Current Program Plan		**Expected Date of Graduation MM/YYYY:**

I have read the policies and requirements listed below and understand that I must adhere to them each semester in order to receive my financial aid without suspension or delay.

(Please check each box that you have read)

- ☐ If my SAP Appeal is approved, I must follow the stipulations of the committee's decision in order for my aid to be disbursed for all my classes.
- ☐ I am responsible for changing my schedule as needed to follow the stipulations of the Appeals Committee.
- ☐ I understand that my aid will be adjusted should I take classes that do not follow the stipulations of my SAP approval.
- ☐ My SAP approval is for ONE semester only. I must submit a new appeal each semester that I do not meet 2.0 Cumulative GPA and 67% completion rate required for SAP.
- ☐ If I have submitted a Degree Audit to Financial Aid, I understand that I will only receive aid for classes on my schedule that match those listed on the audit.
- ☐ Each class listed on the Degree Audit may only be attempted once using financial aid. If I must repeat it, I will pay out-of-pocket or submit another appeal for review.
- ☐ I must make payment arrangements with the Business office and/or pay for books out-of-pocket until my SAP appeal is approved.
- ☐ Approved students with a Degree Audit who have only exceeded the Maximum Time Frame will not need to resubmit an appeal unless they cease to maintain 2.0 GPA or 67% completion rate.

_____ _____

Student Signature Today's Date