SOUTHERN CRESCENT TECHNICAL COLLEGE

Locations

501 Varsity Road
Griffin, GA 30223
P: 770-228-7348
F: 770-233-3039

1533 HWY 19 South
Thomaston, GA 30286
P: 706-646-6366
F: 706-646-6063

800 Lakemont Drive
McDonough, GA 30253
P: 770-957-4849
F: 770-914-4434

Satisfactory Academic Progress Plan

Student ID# : 900_____

Student Name: _____

Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas – **Cumulative GPA, Hours Earned, and Maximum Time Frame** – to be eligible for financial aid. It is the student's responsibility to stay informed of the college's SAP Standards and to monitor his/her own progress. Southern Crescent evaluates each student's progress at the end of the each semester.

Your appeal for Satisfactory Academic Progress has been approved. However, students that are on an Approved SAP Appeal are done so on a probationary status. You have to meet all conditions of the appeal listed below in order to maintain eligibility.

- You cannot withdraw during the semester your appeal is approved.
- You must maintain a semester GPA of at least a 2.0.
- You can only register for courses that are required for your degree/diploma/certificate.
- You must complete 100% of all attempted coursework (**letter grade of D, F, W, I, IP, U may result in an automatic denial of aid for the next term**).
  The letter grade D is acceptable if it can be used towards completing your current program of study. However, if you must retake a class for a higher grade in order to graduate, a grade of D will be considered unsatisfactory.
- You cannot change your major without the permission of the Office of Financial Aid.

A signed copy of the SAP plan must be placed in your financial aid file, certifying that you understand the conditions of your appeal. The plan must be signed and returned to the office of financial aid before aid can be awarded.

I understand that I must meet the conditions of the appeal and if not, I will go back on suspension for the next semester and will be required to pay out of pocket until I am making (SAP). **Please provide a hand-written signature. Electronic signatures are unacceptable and will not be documented in your account.**

_____
Student Name

_____
Student Signature

_____
Date

Please return to:
Office of Financial Aid
on any of the campuses listed at the top of this sheet.

Office Use Only

_____ _____
Financial Aid Administrator Date