

**Satisfactory Academic Progress Appeal Form for Federal Financial Aid Eligibility****Student Name:** \_\_\_\_\_**Student ID Number:** \_\_\_\_\_

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

**Instructions:**

Students who are placed on Financial Aid Suspension due to failure to meet SAP requirements and who have extenuating circumstances affecting their ability to meet such requirements may appeal their Financial Aid Status one (1) time during the Semester in which the student is (or remains) on Financial Aid Suspension.

This completed form must be submitted to the Director of Financial within five (5) calendar days of communication to the student of Financial Aid Suspension status. Relevant documentation including, but not limited to:

1. Attach a description of the extenuating circumstance with documentation as outlined below:
  - Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time.** Attach a statement from the physician and explain the nature and dates of the illness or injury.
  - Death of an immediate family member.** Attach a photocopy of the death certificate and include the name of the deceased and relationship to you.
  - Significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation regarding the specific circumstances of your condition. Please be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.
  - Other unexpected documented circumstances beyond the control of the student.** Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation also must be provided.
2. Reason(s) preventing the student from achieving SAP requirements.
3. Mechanisms in place that allow achievement of SAP requirements at the next calculation.

4. Attach Academic Plan for Success which must be submitted with the Appeal Form.

Within fifteen (15) calendar days of receipt of the Financial Aid Appeal Form, the Director of Financial Aid will schedule and conduct the Student Financial Aid Appeal Committee hearing. During the hearing, the Committee will review documentation submitted with the appeal and all information contained in the student's file. Based on this information, the Student Financial Aid Appeal Committee will render a decision within five (5) calendar days to approve or deny the student's request for Title IV Financial Aid reinstatement for one (1) Semester. Regardless of decision rendered, students will be notified within five (5) calendar days of the Student Financial Aid Appeal Committee's decision in writing electronically via the SIS including the student's Financial Aid Status and any impact to Title IV Financial Aid eligibility. Students are limited to submitting one (1) Financial Aid Appeal per Semester. Once a decision is rendered for that Semester, it is deemed final without further appeal.

Submit all materials as a single packet to the Director of Financial Aid. Include additional page if more details are needed than provided below. Any missing information will delay consideration of the student's request.

Description of Extenuating Circumstance:

Detail reason preventing achievement of SAP requirements:

Detail mechanism in place that will allow achievement:

Completed form and documents can be sent to Director of Financial Aid:

By email to: [bsr-confinancial@bshsi.org](mailto:bsr-confinancial@bshsi.org)

By mail: BSMCON Attn: Director of Financial Aid 8550 Magellan Parkway Suite 1100 Richmond, VA 23227

By fax: 804-627-5441

**I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeals Committee is final.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY DIRECTOR OF FINANCIAL AID:****Reason for unmet SAP:**

- Cumulative GPA
- Course Completion Rate
- Time Frame (150% rule)
- Academically Dismissed

**Number of Semesters completed:** \_\_\_\_\_**Final Appeal Decision:**

Appeal Approved

Award Year: \_\_\_\_\_

Semester Begin and End Date: \_\_\_\_\_ to \_\_\_\_\_

Appeal Denied

\_\_\_\_\_  
Signature of Director of Financial Aid\_\_\_\_\_  
Date