

Delgado students are required to have a mitigating circumstance in order to apply for an appeal.  
**Note: A mitigating circumstance is an unusual, unexpected, or non-recurring event beyond the student's control. Examples of mitigating circumstances for which an appeal may be filed include, but are not limited to, personal illness, injury, undue hardship, or death in the student's immediate family. The maximum number of SAP appeals a student will be allowed is five (5).**

Please make sure to add your name and LoLA number on each page you submit with your appeal form.

Student Name \_\_\_\_\_  
 LoLA Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Semester & Year \_\_\_\_\_  
 Campus/Location Attended \_\_\_\_\_

Please answer the following questions on a separate sheet of paper. Your answers may be typed or legibly handwritten. Failure to answer the questions and provide required documentation will result in denial of application.

1. Provide a statement detailing the mitigating circumstances that caused you to perform poorly or not complete your degree in the timeframe allowed and how it affected your performance.
2. Provide a statement explaining the steps you have taken to remove your mitigating circumstances and explain whether the circumstances have been removed.
3. Provide a document that supports or backs up the statements above. This can be a birth or death certificate, doctor's statement, fire or police records, hospital bills, a letter from a 3rd party or relative, letter from an employer, an obituary notice or any other legal or 3rd party document that supports the written statement attached. PLEASE ATTACH THE DOCUMENT.
4. **An Academic Plan is required** if you cannot meet the required GPA/Pace requirement within the mandatory timeline. **Please meet with your Academic Advisor to discuss and obtain a signed Academic Plan.** PLEASE ATTACH SIGNED ACADEMIC PLAN FROM YOUR ACADEMIC ADVISOR.

**Types of Documents: Please check all applicable documents that you are attaching to your appeal.**

<input type="checkbox"/> Academic Plan	<input type="checkbox"/> Fire Department Reports	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Hospital Bills	<input type="checkbox"/> Obituary Notice
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Letter from 3rd Party/Relative	<input type="checkbox"/> Pictures
<input type="checkbox"/> Doctor's Statements	<input type="checkbox"/> Letter from Employer	<input type="checkbox"/> Police Reports

Other \_\_\_\_\_

**Student Acknowledgement:**

- I hereby request that my case be reviewed for possible reinstatement of my financial aid.
- I have attached all documentation needed to explain my mitigating circumstance.
- I understand that only exceptional cases which can be documented will be approved. I have attached such documentation: i.e., doctor's statements, death certificates, bills, etc.
- I also understand that I am responsible for any balance on my account and I agree to make necessary payments in the event my satisfactory academic progression application is not approved.
- I understand that all appeals must be submitted by deadlines listed on [www.dcc.edu](http://www.dcc.edu). Appeals submitted after the final deadline will NOT be reviewed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_