



2026-2027 Satisfactory Academic Progress Appeal

For GPA/Completion Ratio and Maximum Time Frame

Return completed form and accompanying documentation to:

Manhattan Tech – Financial Aid, 3136 Dickens Avenue, Manhattan, KS 66503

[Secure File Upload](#)

Name: _____ Student ID: _____

Phone: _____ MATC Program: _____

Satisfactory Academic Progress (SAP) is cumulative in nature and considers all classes attempted, not just the previous academic term. You should review the SAP policy found on the Manhattan Tech website, manhattantech.edu. If you have experienced extenuating circumstances that prevented you from satisfying the SAP requirements, you may appeal by using this form.

What type of appeal are you submitting? _____ GPA/Completion Ratio (complete Section A) _____ Maximum Time Frame (complete section B)

Section A

1. _____ Complete this form and return to the Office of Financial Aid along with any necessary supporting documentation
2. _____ You will need to provide a neatly written or typed, signed, detailed explanation of how extenuating circumstances beyond your control prevented you from meeting the requirements. In addition, you must explain what has changed that will allow you to maintain academic progress. Extenuating circumstances may include, but are not limited to:
 - Documented medical condition or serious illness
 - Death of a family member or friend
 - Documented change in conditions of employment
 - Documented learning disability
 - Involuntary call to active military duty
 - Other extraordinary/emergency circumstances, i.e., natural disasters
3. _____ You must print and attach a copy of your unofficial transcript. You must mark the terms and academic years you experienced extenuating circumstances. Do not mark just the previous academic term.
4. _____ Attach date-specific supporting documentation from a disinterested third party. Documentation might include, but is not limited to:
 - Letter from physician or counselor on letterhead indicating the dates you were under their care
 - Copy of a death certificate, obituary or third-party documentation of death
 - Accident reports, police reports, court records, etc.

**DO NOT submit original records-they will not be returned. Make sure all copies are legible. Letters from family, relatives and friends are not recommended. If this is the ONLY information you can provide, you must meet with the financial aid staff to determine what is acceptable.*

Section B

1. _____ Complete this form and return to the Office of Financial Aid along with any necessary supporting documentation
2. _____ If you have completed one or more prior degrees, check here _____
3. _____ You will need to provide a neatly written or typed, signed, detailed explanation of why you have attempted more than 150% of the required number of credits for your current degree program without graduating and if you are pursuing an additional degree, explain why you need to do so.
4. _____ Attach documentation to support your explanation of attempting more than 150% of the required credit hours for your current degree program

*Please Note: Appeals submitted without documentation will be pending until the required documentation is received. Documents must be submitted according to the requirements listed above; however, this does not guarantee approval. **Once a student submits a request to the SAP appeals committee and a decision has been reached, the student is ineligible to resubmit an appeal for the same term.***

By signing below, I certify that everything I have stated is true. Additionally, the documentation included is accurate to the best of my knowledge. Should the appeal committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

Student Signature _____ Date _____

It is the policy of the Board of Directors that no person in the United States (on the grounds of race, color, religion, sex, national origin, ancestry or disability) shall be excluded from participation in, denied the benefit of, or otherwise subjected to discrimination under any program or activity or employment with Manhattan Area Technical College. Specific complaints of alleged discrimination under Title IX (sex) and Section 504/ADA (handicap, disability) should be referred to the Title IX Section 504/ADA Coordinator, 3136 Dickens Ave., Manhattan, KS 66503.

For Office Use Only: _____ Date Received _____ Decision _____ Letter Sent _____ EX Updated _____ Initials _____