

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

**PLEASE FOLLOW ALL STEPS IN ORDER OR YOUR APPEAL WILL NOT BE CONSIDERED:**

1. I understand that I am required to make an appointment to meet with someone in the Advisement Office to review the courses needed to complete my program of study and complete and sign this form. *To schedule an appointment in Lincroft, please call 732-224- 2555 and ask for a "Final SAP Appointment".*
2. I understand that I am required to make an appointment to meet with the Director of Student Services or Student Conduct and bring this completed form, a typed letter explaining the circumstances that lead to my final suspension, and documentation that **directly supports** those circumstances. *Please call 732-224-2106 to schedule the appointment.*
3. I understand that if my appeal is approved, I will be placed on Probation and must meet the requirements of my Academic Plan:
  - **Probation, Max Time.** I must complete 100% of the courses which I attempt. Completion means no Failures ("F" grade) or Withdrawals ("W" grade) after the add/drop period. I must complete my program by the term specified.
  - **Probation, Academic Plan.** I must complete 70% of the courses which I attempt. Completion means no Failures ("F" grade) or Withdrawals ("W" grade) after the add/drop period.
  - I must earn at least a 2.0 GPA for the term.
4. I understand failure to comply with the Academic Plan, completion date, or coursework needed to complete my degree, will result in Final Suspension and I will no longer be eligible to receive financial aid at Brookdale.

Student Signature

Date

**TO BE COMPLETED BY A COUNSELOR or ADVISOR:**

1. What is the student's current Academic Program? \_\_\_\_\_
2. How many more credits does the student need to complete their current program? \_\_\_\_\_
3. Enter the term that you estimate the student should complete their program. \_\_\_\_\_
4. Please list the course name and # needed to complete current program. Include courses in progress.

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

COUNSELEOR/ADVISOR- Print Name

Signature

Date

**FINANCIAL AID OFFICE PROCESSING (CHECK BOX WHEN COMPLETE)**

MTF Problem: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, enter term end date from #3 above in CRI - FCXXMAXC \_\_\_\_\_

Override status to Probation, Academic Plan or Probation, Max Time in SAPV