

SATISFACTORY ACADEMIC PROGRESS APPEAL

THIS FORM MUST BE FILLED OUT IN BLUE OR BLACK INK.

Student Name: _____ **Student ID:** S _____

Phone Number: _____ **CCD Email:** _____ **@student.cccs.edu**

NOTE: All requests and information (including information about financial aid awards) will be emailed to your CCD Email Account ONLY. For instructions on activating your account, please visit www.ccd.edu/finaid or contact our office at 303-556-5503.

Certificate/Degree Sought: _____

Student is appealing Financial Aid for (pick one):

_____ Fall Semester 20__
(Aug – Dec)

_____ Spring Semester 20__
(Jan – May)

_____ Summer Semester 20__
(May – Aug)

To be reviewed, the Appeal Packet MUST include the following:

1. Satisfactory Academic Progress Appeal Form (must be signed by the Student in blue or black ink.)
2. **Personal statement** explaining the extenuating circumstance(s) which have prevented the student from making Satisfactory Academic Progress. **PLEASE TYPE OR WRITE LEGIBLY IN BLUE OR BLACK INK.**
3. **Supporting documentation of extenuating circumstances.** Fraudulent documentation is cause for immediate denial and reporting to the Department of Education and/or Dean of Students.
4. If the student has **attempted over 150% of the credits required for the degree** (quantitative); this appeal packet **requires:**
 - a. Program Planning Guide and
 - b. Program Completion Plan filled out and signed by an Academic Advisor/Case Manager and the student. Completion Plans **must** be typed or written in ink.
5. If the student shows a **cumulative GPA of less than 2.0 and/or a cumulative completion rate below 67%** (qualitative); this appeal packet **does not** require a program plan or a signature from an Academic Advisor/Case Manager. However, each student is **strongly encouraged** to meet with an Academic Advisor/Case Manager for assistance. This appeal requires an explanation of what happened and how the student plans on meeting the Satisfactory Academic Progress Appeal conditions in successive semesters.
6. Additional documentation may be requested to review an appeal. **ALL communication will be made by way of the student's CCD email address.**

Appeal packets submitted without written documentation in blue or black ink or typed will be considered incomplete and will not be processed. Students with incomplete files are not eligible for financial aid and will receive an email at their CCD email address regarding the documentation being requested to complete the appeal.

EXAMPLES OF DOCUMENTATION can include but are not limited to:

- Death of a family member or loved one (one of the following):
 - Death Certificate (copy)
 - Obituary from the newspaper or an online obituary
 - Memorial card from the funeral
- Medical/Dental issues for student or family member, if applicable (one of the following):
 - Signed doctor/dentist note (on letterhead or a prescription pad)
 - Dated paperwork from the hospital/doctor/dentist
 - Medical/Dental bills
- A change in work schedule effecting attendance (one of the following):
 - Copy of the work schedule from job
 - Letter from employer with new hours (on letterhead)
 - Paystubs showing the reduction in hours worked
 - If job was terminated, termination paperwork from employer
- Other
 - Third party written statements (if from an agency, on letterhead) confirming your situation

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By signing this form, I acknowledge that I have read and fully understand the Satisfactory Academic Progress Appeal Policy. I further agree and understand that I am currently out of compliance with this policy. I certify that the information and documents submitted in support of this appeal are true and correct. I understand that any future suspensions under the Satisfactory Academic Policy may result in the loss of my eligibility for financial aid.

Furthermore, I understand disbursement of my financial aid may be delayed due to the above review process and I may have to make payment arrangements to not be dropped from classes.

Student Signature

Date

WARNING: if you purposefully enter false or misleading information on this form, your Appeal will be denied, reported to the Dean of Students and/or the Dept. of Education.

WHAT'S NEXT?

Every appeal turned in for Satisfactory Academic Progress is reviewed on a case-by-case basis. Each student will be notified via his/her CCD student email account when a decision is made.

*****FOR OFFICE USE ONLY*****

_____ INCOMPLETE
DOCUMENTATION REQUESTED: _____
DATE STUDENT EMAILED: _____

_____ APPROVED FOR PROBATION DATE: _____ INITIAL: _____

_____ APPROVED FOR CONDITIONAL PROBATION
CONDITIONS: _____

_____ DENIED
REASON: _____

COMMENTS: _____

RRAAREQ ROASTAT ROAHOLD RHACOMM LETTER SENT, DATE: _____