



Community College

## 2019-2020 FEDERAL SATISFACTORY ACADEMIC PROGRESS APPEAL

Fall 2019 Deadline: September 16th, 2019

Spring 2020 Deadline: March 9th, 2020

### INSTRUCTIONS:

Financial Aid appeals will not be processed without an authorized Student Affairs/Academic Affairs' signature. Return your completed form with all supporting documents to C-107.

1. Complete Sections A, B, C and D of the appeal form.
2. Attach copies of all documentation to support your appeal. If documentation is not included, your appeal will be denied. **Documentation involving a family member must clearly demonstrate relationship.** Documentation should support:
  - **Medical-** Personal illness involving hospitalization or extended home confinement under a physician's supervision or illness of an immediate family member.
  - **Employment-** Change in student's work schedule beyond student's control, and upon which the student and family are dependent.
  - **Military-** Submit official documentation of military service.
  - **Legal-** Submit official documentation of incarceration, jury duty, court dates etc.
  - **Death-** of an immediate family member. Submit copy of death certificate, name of the deceased and the relationship to you. Date on the death certificate must correspond to the time period and the semester affected.
  - **Other-**  

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3. If you are registered with College Discovery (B-236) or ASAP (BA-22) you must see an academic advisor from that area to complete the appeal. All other students must meet with an advisor in Student Advising Services (B-102).
4. You **must register and pay** for classes for the semester in which you are submitting the appeal.
5. You will receive notification of the outcome of your appeal by the Financial Aid Appeals Committee 2 to 3 weeks after the deadline. **The decision of the committee is final.**
6. Approved appeals will be forwarded to Student Financial Services (C-107) for aid processing.



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**A.**

<b>Name (Print)</b>	_____	<b>Student EMPLID#</b>	_____
	<b>Last</b>	<b>First</b>	
<b>Address</b>	_____	_____	_____
	<b>Street</b>	<b>City</b>	<b>State</b> <b>Zip</b>
<b>Telephone (____)</b>	_____ - _____	<b>E-mail</b>	_____

**Section 1: TITLE IV APPEAL**

In accordance with Federal Regulations, I hereby request that a waiver from the Satisfactory Academic Standards be granted to me. I understand that if my request is successful, I will be granted a one-term probation period to improve my academic record to meet the standards of my degree. I understand that I must adhere to the Academic Plan outlined by the Academic Advisor.

**B. Please submit a typed and signed statement explaining what happened during the semester(s) you did not successfully pass your classes and what has now changed in your circumstances that will enable you to successfully meet satisfactory academic progress standards at the end of the term.**



### C. Student Academic Plan

**All fields below must be completed with an Authorized Academic Advisor**

I will attempt a maximum credit load of \_\_\_\_\_ credits in the \_\_\_\_\_ term.

- I will complete (earn) a minimum of \_\_\_\_\_ credits successfully in the \_\_\_\_\_ term.
- At the end of the \_\_\_\_\_ term I will earn a cumulative minimum GPA of \_\_\_\_\_.
- Other (if Applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Academic Advisor

\_\_\_\_\_  
Signature of Authorized Academic Advisor

\_\_\_\_\_  
Date

#### Student Financial Services Intake Use Only:

\_\_\_\_\_  
Staff Name (Print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**Please Note: if your request is approved and you fail to meet the above Academic Plan you will not be eligible for aid for the following semester. You may file another appeal with new documentation for the following semester.**