

Office of Financial Aid
Satisfactory Academic Progress Appeal Form
Colorado Community College System

Printed Name		Student Identification Number	
Street Address		Telephone Number	
		@student.cccs.edu	
City	State	Zip Code	College Assigned E-mail Address (No Exceptions)

Appeal Request:

I am submitting this request to be considered for Financial Aid for the next semester: _____

(Fall 2015)

I understand this appeal will only be reviewed when it is complete. There will be no blank lines, all signatures will be present, and all appropriate documentation will be attached. If my appeal is not complete, no decision will be made and/or the request will be denied. All appeal decision notifications will be sent by email to my @student.cccs.edu email account.

Reason for Appeal: (Please check all reasons that apply to your Ineligible financial aid status)

1. _____ While on Probation, I achieved a cumulative grade point average (GPA) below 2.0, or I completed less than 67% of my attempted hours.
2. _____ I did not successfully complete any courses in my last semester.
3. _____ I have attempted more than 150% of the total program hours needed to complete my currently declared degree and/or certificate (Program Length Suspension).

Appeal Explanation

Your appeal must be explained on the Appeal Explanation Form (included) or in the form of a written letter that discusses the reason(s) you wish to appeal. Your appeal must include the following:

If you checked #1 or #2

- Discuss the extenuating circumstances that prevented you from meeting the Standard of Satisfactory Academic Progress.
- Discuss what has changed in your situation that you can now succeed.
- Attach additional documentation for extenuating circumstances such as:
 - Birth/death certificates, obituaries, funeral program
 - Medical records that corroborate illness and length of recuperation
 - Court documents
 - Statements from physicians, counselors

If you checked #3

- Explain why you have attempted more than 150% of your degree and/or certificate requirements and need additional hours to complete the degree and/or certificate.

Student Signature: _____ Date: _____

Appeal Explanation Form

Along with your appeal paperwork please include a formal letter that includes the following

Information within the body:

- (a) Why you failed to make satisfactory academic progress
- (b) What has changed that will allow you to regain **satisfactory academic progress at the end of the next term**
- (c) Attach additional documentation for extenuating circumstances such as:
 - Birth/death certificates, obituaries, funeral program
 - Medical records that corroborate illness and length of recuperation
 - Court documents
 - Statements from physicians, counselors
- (d) A list of prior degrees or certificates you have earned and when.

Appeal letters must be typed, signed and dated.



Academic Plan

****You may submit a Degree Check Class History printout available on your Lopes Access account instead of this Academic Plan form.****



Student Name: _____ Student ID: _____

Degree Declared with the Records Office: _____

Additional courses **REQUIRED** to receive your degree: (attach additional sheet(s) if necessary)

Course #	term class will be taken (anticipated)	Course #	term class will be taken (anticipated)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated Semester of Graduation (ie. Spring 2016) _____

I have met with this student and have advised him/her that the courses listed above are **required** for graduation.

Academic Advisor Name (please print)

Academic Advisor Signature

Date