COLORADO
COMMUNITY COLLEGE SYSTEM
FINANCIAL AID

Financial Aid Satisfactory Academic Progress (SAP) Appeal Form

Student Name: _____ Student ID: _____

Please complete this form to appeal your SAP status. If your appeal is due to medical reasons, you will be required to complete the medical portion of this form.

Please select the term for which you are requesting financial aid reinstatement.

- ☐ Fall
- ☐ Spring
- ☐ Summer

Reason for appeal (check all that apply):

- ☐ Overall completion rate below 67%
- ☐ Overall GPA below 2.0
- ☐ 0% semester completion
- ☐ Over 150% of program length attempted

It is essential to meet with your academic advisor to discuss your educational goals. Have you met with an Academic Advisor recently?

- ☐ Yes, I have recently met with my Academic Advisor
- ☐ No, I have not recently met with my Academic Advisor

Date of meeting with my advisor _____

Log into your student portal and review your DegreeCheck to answer the following questions. Please note that you are responsible for ensuring that your declared program of study is accurately reflected in DegreeCheck.

Per DegreeCheck, my declared program is _____

I have completed this percentage of my declared program _____

Number of credits left to complete my declared program _____

My overall GPA is _____

Please identify the circumstances that impacted your academic success. Select all that apply. Documentation is required. Examples include death certificates, court documents, divorce/separation agreements, medical records, etc. If you are unable to provide documentation of extenuating circumstances, other items may be uploaded like emails between you and the instructor, letters of support from advisors/teachers/therapists, proof of using campus resources or an explanation of why you have no documents to provide. Please note that your documentation maybe reviewed by multiple staff members.

- ☐ Medical Circumstances ***(PLEASE COMPLETE ATTACHED MEDICAL FORM)***
- ☐ Death of a close relative or friend
- ☐ Legal/court matters
- ☐ Employment challenges
- ☐ Housing
- ☐ Transportation
- ☐ Academic Challenges
- ☐ Other

Please explain why your academic record is not meeting SAP standards. Explain what happened during the semester(s) in question, and give specific details about the circumstances that prevented your academic completion.

Provide a success plan. Specifically explain the steps you have taken, or will take, to ensure that the events described above will not prevent you from meeting SAP standards in the future.

Agreement to Follow an Academic Plan

If your SAP appeal is approved, you will be placed on Probation. You will be expected to adhere to the criteria below. At the end of each semester, your file will be reviewed to determine if you are eligible to continue in your Probationary status or if you have regained Good Standing. If you do not follow this Academic Plan, you may become Ineligible for aid, and you will not be eligible to receive funds for the following semester(s) without successfully appealing again. Please check both boxes to agree to the following conditions.

☐ I will pass all courses I attempt while on Probation. For financial aid purposes, courses counted as not passed include the following: F, AU, AW, I, U, F/D, F/F, 1/F, SP, WS, WD and Z. Please report to the Financial Aid Office any grade changes made to your transcript so that we may re-evaluate your SAP standing. Late grades may also impact your SAP status.

☐ If approved for exceeding 150% of the total number of credits required to earn my degree/certificate, I will take only courses that are required to complete my program of study at this college.

Please read each statement below carefully and check each box to acknowledge your understanding.

☐ I understand I have the option to drop any courses that will not apply to my program before the drop deadline. If I withdraw from a class after the drop deadline, I will be required to pay for the course, and it may negatively impact my SAP standing and my eligibility for aid in the future.

☐ I understand that courses that are not required by my declared program of study will not be included when determining my federal financial aid eligibility, and I will pay any remaining tuition balance myself.

☐ I understand that most types of financial aid require that I am registered for at least 6 credits, and if at least 6 of my current credits do not count toward my declared program of study I may not qualify to receive federal financial aid funding.

☐ I understand that my complete appeal MUST be received at least two weeks prior to the end of the term in order to be considered for reinstatement for the current term.

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
The student must sign and date this form.

Student Signature: _____ **Date:** _____

MEDICAL/MENTAL HEALTH DOCUMENTATION FORM

STUDENT INFORMATION: (TO BE COMPLETED BY STUDENT)

Name: _____ Student ID #: S _____

Phone #: _____ Student CCCS Email: _____ @student.cccs.edu

Affected semester(s): ☐ Fall ☐ Spring ☐ Summer Year(s): _____

"I authorize the release of any medical information necessary to process this appeal."

_____ _____

STUDENT SIGNATURE **DATE**

MEDICAL INFORMATION: (TO BE COMPLETED BY MEDICAL/MENTAL HEALTH PRACTITIONER)

Printed Name: _____ Phone #: _____

License # & State: _____ Medical Specialty: _____

Address: _____

Date(s) you treated this student: _____

Was there a time period that the student was unable to attend class? ☐ YES ☐ NO ☐ N/A

If **yes**, please indicate dates: From _____ to _____
(Date) *(Date)*

In your opinion, would the student's medical or psychological condition have negatively impacted academic performance and/or the ability to pursue normal activities? ☐ YES ☐ NO ☐ N/A

In your opinion, would it be medically or psychologically necessary for the student to reduce his/her course load during the affected term? ☐ YES ☐ NO ☐ N/A

If **yes,** would it be necessary to withdraw from ***all courses***? ☐ YES ☐ NO ☐ N/A

In your opinion, have the student's medical or psychological issues improved enough to allow the student to be able to return to College and successfully complete college level course work? ☐ YES ☐ NO ☐ N/A

If **yes**, please indicate as of what date: _____

Additional Comments:

_____ _____

MEDICAL/MENTAL HEALTH PRACTITIONER SIGNATURE **DATE**