



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

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

Appeal Request:

I am submitting this request so that I may have Financial Aid for the next semester: _____
(Fall 2012)

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 postal mail and by email. All email correspondence will be made through the @student.cccs.edu email account.

Reason for Appeal: (Please check all reasons that apply to your disqualification of financial aid eligibility)

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 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

- Discuss the 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 #2

- 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: _____

Review Committee:	Appeal Approved: Y or N
Review Date: _____	
Complete: Y or N	
GPA _____ Att Hours _____ Comp Hrs _____ Percentage _____	
Comments: _____ _____	
Committee Members:	

Appeal Explanation Form

(You may also substitute an appeal letter for this form as long as it includes all information requested on this form.)

Appeals must include the following information:

- (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.



Academic Plan



****You may submit a Degree Check 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. Fall 2013) _____

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