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: @student.cccs.edu

Apartment 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 that 67% of my attempted hours.

2._____ I did not successfully complete any courses in my last semester.

3._____ I have attempted more that 150% of the total program hours needed to complete my currently declared degree and/or certificate (Program Length Suspension).

Apartment 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:
  o Birth/death certificates, obituaries, funeral program
  o Medical records that corroborate illness and length of recuperation
  o Court documents
  o Statements from physicians, counselors

If you checked #3
• Explain why you have attempted more that 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)

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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