



Office of Financial Aid

2021-2022

SATISFACTORY ACADEMIC PROGRESS APPEAL

Name: \_\_\_\_\_ CCID: \_\_\_\_\_  
Last First

Email: \_\_\_\_\_

If you plan to attend and wish to appeal for aid, please complete the following: On what basis are you submitting this appeal? Please indicate by checking one of the circumstances below:

- Illness/Injury/Medical Condition
- Death in immediate family (includes parent, spouse siblings, or dependent children)
- Other circumstances directly affecting academic performance

**Please attach a separate sheet that explains the premise for your appeal.** Your statement should include details of the circumstances that resulted in your inability to maintain minimum Satisfactory Academic Progress (SAP) standards as well as details regarding your plan to ensure meeting SAP standards by the end of the term. **Appeals submitted without an attached statement of explanation will not be processed.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_