

2011-12 Satisfactory Academic Progress Appeal

Student's name (last, first, middle initial)	CCA ID number
Mailing address (street)	e-mail address
Mailing address (city, state, zip)	Telephone number

Complete this form to request a reevaluation of your ineligibility for financial aid based on insufficient progress toward a degree. To complete the appeal process, you must submit the following: a letter of explanation, supporting documentation of your circumstances and an approved academic plan demonstrating how you will achieve satisfactory academic progress. Undergraduate students should contact Academic Advising to develop an approved academic plan. Graduate students should contact their program manager to develop an approved academic plan.

NON-SATISFACTORY ACADEMIC PROGRESS DUE TO LOW GPA OR INSUFFICIENT UNITS

- Extenuating Medical Circumstances** – Attach a detailed letter of explanation and have your health care professional complete and sign the back of this form.
- Extenuating Personal Circumstances** – Attach a detailed letter of explanation and supporting documentation.
- Death in the immediate family** (parent, spouse, sibling, dependent child) – Please attach a photocopy of the death certificate or copy of the obituary.

NON-SATISFACTORY ACADEMIC PROGRESS DUE TO EXCESSIVE UNITS

- I am a graduate student in the _____ program and my course of study has been prolonged. Attach a detailed letter of explanation.
- I am an undergraduate student and some of my transfer credit hours do not count toward my degree.
- Other academic situation(s). Attach detailed letter of explanation.

ALL STUDENTS MUST COMPLETE AN ACADEMIC PLAN, PROGRAM EVALUATION AND ATTACH IT TO THIS PETITION.

- Undergraduate students must submit an approved academic plan with the Academic Advising Office. To complete this process go to <http://goo.gl/sV9nh>.
- Graduate students must contact their program to develop an approved academic plan.

CERTIFICATION & SIGNATURE

I certify that the information submitted in this appeal, the letter of explanation, and the academic plan are true and correct to the best of my knowledge. I agree to follow the academic plan submitted with the appeal in order to make satisfactory academic progress and will notify the financial aid office if the academic plan changes. I understand that failure to follow the academic plan can make me ineligible for federal, state and/or institutional financial aid. I understand that I will be notified by mail of the final decision of this appeal.

Student's signature Date

FOR FINANCIAL AID OFFICE USE ONLY:

Action taken: approved denied

Comments: _____

Authorized Signature Date

– Please return the completed form to the CCA Financial Aid Office –

