

**Satisfactory Academic Progress Appeal for \_\_\_\_\_ School Year**

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 and follow the below instructions to request a reevaluation of your ineligibility for financial aid based on insufficient progress toward a degree.

**NON-SATISFACTORY ACADEMIC PROGRESS DUE TO LOW GPA OR INSUFFICIENT COMPLETED 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 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 SUBMIT THE FOLLOWING:**

- Undergraduate students must submit an approved academic plan with the Academic Advising Office.
- Graduate students must contact their program to develop an approved academic plan.
- Letter of explanation.
- Supporting documentation.

**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

