

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:	<input type="checkbox"/> approved <input type="checkbox"/> denied
Comments:	_____
Authorized Signature	Date

Student's name (last, first, middle initial)	CCA ID number
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FOR EXTENUATING MEDICAL CIRCUMSTANCES

HEALTH CARE PROFESSIONAL'S STATEMENT

The California College of the Arts Financial Aid Office is reviewing the above named student's financial aid file and additional information is required.

Please explain why the above named student was medically unable to attend class.

Can the above named student return to California College of the Arts for the upcoming semester?

Yes No

If yes, then: Full-time Part-time

_____	_____
Health Care Professional Signature	Date
_____	_____
Print Name	Phone Number

Hospital/Medical Center Name	