



Satisfactory Academic Progress (SAP) Appeal Form

Student Name: _____ CFCC ID #: _____ (Required)

Phone Number :(____) _____ Email: _____

Attach the following documents to this Appeal Form and place check mark by what is attached.

____ 1: A Typed statement explaining:

- Extenuating circumstances that led to the suspension of your financial aid
- What has changed to improve your situation moving forward?
- If this is for timeframe give the reasons for changing your program of study (or pursuing second degree)

____ 2: A copy of your CFCC program evaluation to document the courses needed to complete your new academic program and the courses that you have already completed.

____ 3: Please supply any and all documentation that will support your request for the appeal. Including, but not limited to:

- Proof of extenuating circumstances outlined in your appeal letter
- Proof of your improved situation moving forward

Please Note: Appeals submitted without adequate documentation will **not** be processed

For Time Frame Appeals Only:

How many semesters do you need to graduate? _____

Student Signature: _____ Date: _____

----- For Office Use Only -----

Completion Rate: _____ GPA: _____ Timeframe _____