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 ______________