



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.
Submitting an appeal does not guarantee approval, nor does it cancel any debt owed to the institution.**

- _____ 1. A Typed statement explaining: **(REQUIRED)**
 - 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. Supply any and all documentation that supports your explanation. Including, but not limited to:
 - Proof of extenuating circumstances outlined in your appeal letter.
 - Proof of your improved situation moving forward

PLEASE NOTE: Lack of adequate documentation may result in your appeal being denied.

For Time Frame Appeals Only:

How many semesters do you need to graduate? _____

Student Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Completion Rate: _____% GPA: _____ Timeframe: _____

Approved Denied (Circle one) Initial _____
Comment: _____

Approved Denied (Circle one) Initial _____
Comment: _____

