SAPAPP

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

SATISFACTORY ACADEMIC PROGRESS APPEAL

(2016-2017 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@			
CCC ID#	**Last Name**	**First Name**	**MI**
Mailing Address	**City**	**ST**	**Zip Code**
- -			
Telephone No. (include area code)	**Email Address**		

STEP 1: Read the CCC Satisfactory Academic Progress (SAP) Policy

☐ I have read the Satisfactory Academic Progress Policy.

STEP 2: Select the reason for appealing and follow the instructions; incomplete appeals will be denied:

☐ Completed requirements: I have completed 6 credit hours at CCC in one semester using my own money, my pace of progression is at least 66.66% and my *cumulative* GPA is 2.0 or better. I understand that this appeal will be evaluated when grades post at the end of the semester and I will need to make payment arrangements for the next semester, Financial Aid ***will not*** hold my classes.

☐ Significant Illness or Injury: I have attached a letter explaining the illness or injury, specific dates when it occurred, and how long it lasted. I have attached medical records verifying the illness/injury **and** doctor's or counselor's statement verifying my ability to successfully complete future coursework.

☐ Death of family member: I have attached a letter stating the immediate family member's date of death and relationship to you. Attach a copy of the death certificate or obituary documenting the death. Immediate family includes: spouse, child, parent, sibling or grandparent.

☐ Review remedial courses: I took remedial/developmental courses (100 level or lower in CHM, ENG, MAT or RDG) at CCC and would like them excluded from my SAP calculation.

STEP 3: Check off all items below and follow the instructions listed:

- ☐ Appeals are not approved for poor academic performance, conflicting work schedule, child care schedule, arrests, ran out of money, financial aid came in late, didn't understand the financial aid policy, car broke down, transportation issues, eviction from apartment, distant relative died, minor illness, or the instructor was unfair.
- ☐ I have attached a letter that thoroughly describes the events/circumstances that led to my inadequate academic performance and have described actions that I have taken to prevent a repeat occurrence of the events.
- ☐ I have attached all other necessary documentation to support my appeal.
- ☐ I understand that submission of this appeal does not guarantee approval.

STEP 4: Read and sign below:

It takes 10 working days for a decision. If a decision has not been made by the time classes begin, I must make payment arrangements with the Cashier's office or enroll in the FACTS payment plan or I may be dropped from my classes. I certify that the information provided on this form is complete and accurate to the best of my knowledge. Submission of false information may result in a delay or denial of financial aid and may subject me to criminal charges.

Student Signature ______________________ Date __________