

## SATISFACTORY ACADEMIC PROGRESS APPEAL

(2019-2020 Academic Year)

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

Read the [Satisfactory Academic Progress Policy](#), and select the reason for appealing your financial aid suspension below:

- Significant Illness or Injury:**
  1. Attach a personal statement explaining the following:
    - a. The illness or injury
    - b. Specific dates when it occurred
    - c. How long the illness or injury lasted
  2. Attach a Doctor or Counselor statement verifying:
    - a. My illness/injury has been resolved
    - b. My ability to complete future coursework successfully
    - c. I am released to continue my education
  3. Attach medical records verifying the illness/injury
  
- Death of family member:**
  1. Attach a personal statement stating the immediate family member's (spouse, child, parent, sibling or grandparent) date of death and relationship to you
  2. Attach a copy of the death certificate or obituary
  
- Completed requirements:** I have completed 6 credit hours at CCC in one semester using my own resources, a pace of progression of at least 66.66% and a cumulative GPA to a 2.0 or higher. I understand appeals are evaluated after grades post at the end of the semester.
  
- Review remedial courses:** At CCC I attempted and passed remedial courses below 100 level in CHM, ENG, MAT or RDG. I request that they be excluded from my SAP calculation.
  
- High School Coursework:** I was not advised that I was taking a college level course in high school, or was not advised that there were implications for dropping or failing dual enrollment coursework.
  
- Drop- 100% refund period:** I withdrew from all of my courses during the 100% refund period believing it would not affect my eligibility for future financial aid. This appeal may only be considered once during my lifetime enrollment at CCC.

*Incomplete appeals will be denied. Allow up to two weeks for a decision. Appeals are only considered for situations listed above. If a decision has not been made by the time classes begin, I must enroll in CCC's payment plan at [www.coconino.edu/cashier](http://www.coconino.edu/cashier). I understand that approval of the appeal will not waive outstanding charges to the College. I understand that submission of this appeal does not guarantee approval.*

**Read and sign below:**

*I certify that the information provided is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, being sent to prison, or both.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date