



OFFICE OF STUDENT FINANCIAL AID

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

SATISFACTORY ACADEMIC PROGRESS APPEAL

(2021-2022 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
Phone # (include area code)		CCC Student Email Address @students.coconino.edu	

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.

- COVID-19 issue:**
 1. Attach a personal statement explaining why your withdrawal was due to COVID-19. The following examples below are valid COVID-19 withdrawal reasons:
 - a. COVID-19 Illness of you or an immediate family member
 - b. You becoming a caregiver or first responder for somebody with COVID-19
 - c. Loss of your childcare due to COVID-19
 - d. Economic hardship due to COVID-19
 - e. Inability to access WIFI or classes due to COVID-19
 - f. Increase in work hours due to COVID-19

- 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. If death is due to COVID-19, please also check the COVID-19 issue box above.

- 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.

Read and sign below:

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. 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.

I certify that information provided on this form is true and complete to the best of my knowledge. Purposely giving false or misleading information may result in a delay or denial of my federal financial aid and I may be fined up to \$20,000, sent to prison or both. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.

Draw

Draw your signature with a mouse, touchscreen or pen. Do not type.

Date

SAPAPP