



# Satisfactory

# Academic Progress Appeal Form

Student ID Number

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Name Last	First	MI	Date of Birth MM/DD/YYYY
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Students who are denied financial aid for failure to meet Satisfactory Academic Progress (SAP) may request an appeal based on **extenuating circumstances** by completing this form. Students must submit this completed form, along with all related supporting documentation, to the Financial Aid Office by the appropriate deadline. Appeals will be reviewed by the Academic Standing Committee.

Term in which the extenuating circumstances occurred \_\_\_\_\_

Previous Appeal \_\_\_\_\_ Yes \_\_\_\_\_ No    If Yes, was appeal granted? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Appeals submitted without acceptable supporting documentation will not be reviewed. Appeals must be submitted to the Financial Aid Office by the appropriate deadline. Appeals received after a term deadline will be processed with appeals for the following term.**

Term	Deadline
Fall	July 1
Spring	January 1
Summer	May 1

**Step One:** Please indicate the extenuating circumstances that contributed to your inability to maintain SAP by checking the category below that applies to you. Please follow the instructions for each category.

- Death of an immediate family member (spouse, child, sibling, or parent).**  
Attach a copy of the death certificate or obituary and include the name of the deceased and relationship to you in Step Two.
- Serious injury or illness to student or immediate family member (spouse, child, sibling, or parent) that required extended recovery time.**  
Attach a statement from the physician and explain the nature and dates of the injury or illness in Step Two.
- Significant trauma in student's life that damaged the student's emotional and/or physical health.**  
Provide a detailed explanation in Step Two regarding the specific circumstances. Please be sure to include dates and what you have done to overcome this situation. Supporting documentation from a third party (physician, social worker, psychiatrist, law enforcement official, etc.) must be attached.
- Other unexpected documented circumstances beyond the control of the student.**  
Provide a detailed explanation in Step Two explaining the nature and dates of the unexpected circumstances. Supporting documentation must also be provided.

**Forms submitted without acceptable documentation will NOT be reviewed!**

**Step Two:** Provide a brief explanation of the circumstances in Step One that led to the SAP violation. Please print legibly or attach an additional document.

**Step Three:** Indicate how you addressed the problem that prevented you from making SAP, and how you are going to meet satisfactory progress in the future. Please print legibly or attach an additional document.

**Step Four :**

**Certification and Signature.** I am requesting to have my eligibility for financial aid reinstated. I understand my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided on this form is both truthful and accurate.

**I also understand that if I am granted an appeal, I must earn at least 75% of the college level credit hours attempted and achieve a 2.5 GPA each semester until I have regained Satisfactory standing. Furthermore, I understand until I have reached a Satisfactory standing, I will not be granted another appeal. \_\_\_\_\_(initials)**

Student Signature	Date
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Return this completed form to Financial Aid in the Jack Hunt Campus Center

137 S. Post Road  
Shelby, NC 28152  
Phone: (704) 669-4028  
Fax: (704) 669-4200  
Email: [financialaid@clevelandcc.edu](mailto:financialaid@clevelandcc.edu)  
Website: [www.clevelandcc.edu](http://www.clevelandcc.edu)

**WARNING**  
If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

**ACADEMIC STANDING COMMITTEE USE ONLY**

Date Received: \_\_\_\_\_ Outcome: Granted \_\_\_\_\_ Denied \_\_\_\_\_

Date of Review: \_\_\_\_\_ If granted, Effective Term: \_\_\_\_\_

Conditions: \_\_\_\_\_