



FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: _____ INITIAL: _____

C D E OM

Satisfactory Academic Progress (SAP) Appeal

Name: _____ CCBC ID: _____

I am requesting aid for: Fall Spring Summer Academic Year:

Federal regulations require students receiving financial aid (including grants, loans, and federal work-study) make progress toward a degree/certificate according to academic progress standards set by CCBC. These regulations also allow for exceptions, documented in a written appeal, only when extenuating circumstances existed that caused a student to fail to meet one or more of the SAP standards. Examples of extenuating circumstances could include, but are not limited to the items below. **⚠️ Work conflicts are not extenuating circumstances.**

Select the reason for your appeal	Extenuating Circumstance(s)	Documentation Required (CCBC ID # required on each page submitted)
	Death of an immediate family member (parent, spouse, sibling or child).	Provide a copy of the obituary or death certificate.
	Serious illness, accident, or injury to the student that required extended recovery time.	Attach a statement from the physician and explain the nature and dates of the illness or injury.
	Significant trauma that impaired the student's emotional and/or physical health.	Provide a detailed explanation regarding the specific circumstances of your condition. Be sure to include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) must be attached.
	Divorce or separation of the student or student's parents.	Provide an attorney's letter on law firm letterhead, petition for separation, or copy of divorce decree.
	Illness, accident, or injury of an immediate family member (parent, spouse, sibling or child).	Provide documentation (i.e. a physician's statement, police report, or documentation from a third party professional), related to the individual for whom the student provided care or support.
	Prior appeal denial and/or previous suspension, and now meet minimum SAP standards.	Please provide a copy of your unofficial CCBC transcript.
	Attempted 90 or more credits (with or without achieving a degree).	A degree audit will be requested from Academic Advising to confirm the remaining courses to complete your declared program of study. Confirm your degree/certificate program on the next page.

- List the CCBC Associate's degree or certificate program you are pursuing (**must match declared major in Registrar's Office**):
- List your next semester courses (include subject and course number). These courses should be required to complete the degree/certificate listed above

If this is your first SAP appeal, please explain why you have not been successful in your courses. If you have appealed before, please **ONLY** explain any new circumstances that have occurred since your last appeal.

Please explain how you will be more successful in the upcoming semester.

Student Certification

By signing this document, I certify all information and documentation submitted pertaining to this appeal is true and accurate. I understand and agree to the following statements:

- While I wait for my appeal decision, I am responsible for paying my balance at the Bursar's office, regardless of financial aid or this appeal form. The Financial Aid Office will **not** protect my courses from being dropped.
- I will only take the required courses to complete my official program of study at CCBC.
- I have read CCBC's Satisfactory Academic Progress (SAP) policy, and it is my responsibility to stay informed and monitor my own SAP status.
- I understand it is my responsibility to be aware of any deadlines and if I submit documentation after the posted date(s), my appeal will not be reviewed by the Financial Aid Office.
- Incomplete forms and forms submitted without documentation will **not** be reviewed and automatically denied.
- I understand the decision of the Appeal Committee is **FINAL** and all correspondence will be sent to my **CCBC SIMON** account.

Student Signature: _____ **Date:** _____