



Satisfactory Academic Progress (SAP) Appeal

FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: INITIAL: _____

C D E OM

Financial Aid Office

Name: _____ CCBC ID: _____

I am requesting aid for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fall
<i>DEADLINE:</i>
6/25/2021 | <input type="checkbox"/> Spring
<i>DEADLINE:</i>
1/21/2022 | <input type="checkbox"/> Summer
<i>DEADLINE:</i>
6/25/2021 |
|--|--|--|

Campus Attending:

- | | |
|---|--|
| <input type="checkbox"/> Catonsville | <input type="checkbox"/> Essex |
| <input type="checkbox"/> Dundalk | <input type="checkbox"/> Owings Mills |

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.**

SECTION A: CIRCUMSTANCES/REASON FOR APPEAL

Check next to 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. Specify the relationship between you and the deceased.
	➤ Serious illness, accident, or injury to the student that required extended recovery time.	📎 Attach a signed 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.

SECTION B: ACADEMIC GOALS

1. List the CCBC Associate's degree or certificate program you are pursuing (**must match declared major in Registrar's Office**). **Do not leave blank.**

2. List your next semester courses (include subject and course number). These courses should be required to complete the degree/certificate listed above. **Do not leave blank.**

SECTION C: EXPLANATION (If more space is required, attach a signed personal statement along with this appeal form.)

1. If this is your first SAP appeal, please explain why you have not been successful in your courses. Review your academic transcript as you need to explain and document the extenuating circumstances that occurred for all semesters of unsuccessful academic progress. If you have appealed before, please **ONLY** explain any new circumstances that have occurred since your last appeal. **Do not leave blank.**

2. Please explain how you will be more successful in the upcoming semester. **Do not leave blank.**

Student Certification
 READ AND CHECK EACH TO INDICATE YOU UNDERSTAND

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:

- Submitting this appeal does not guarantee financial aid eligibility. 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.
- If my appeal is **APPROVED**, financial aid will only apply to eligible coursework in which **I have actively attended/participated** since the official course start date.
- If my appeal is **DENIED**, I will be responsible for all charges incurred (tuition, books, meal plans, etc.). If I do not wish to be responsible for charges, I must formally drop course(s) prior to their start date, in accordance with the college's add/drop policy.
- 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.
- 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.
- I understand that only appeals submitted before the deadlines posted on this form/our website are guaranteed to be reviewed. Late appeals **MAY** be reviewed (at the discretion of the Financial Aid Office), but are not guaranteed.
- NOTICE:** Please be aware that, according to Maryland Family Law 5-701, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paperwork or to any financial aid staff personally, we are required by law to report it. CCBC Financial Aid Office will report the suspected abuse/neglect to the Title IX officer. If you have any questions, you can contact the Title IX Office at TitleIX@ccbcmd.edu.

Student Signature: _____ **Date:** _____