



Satisfactory Academic Progress Appeal Form

Student Name _____

Student ID# _____

I am requesting Financial Aid for: Fall or Spring or Summer Year: _____

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. You may appeal by completing and returning this form to the Financial Aid Office. **Failure to submit documentation to support your appeal may result in denial.** You understand by submitting this form any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. **Notification of the committee's decision will be delivered to your Student Center. Please allow at least 15 business days (may take longer during peak processing periods). All Committee decisions are final.**

Explain why you did not complete (with passing grades) all your attempted course work (including dates). Describe in detail the extenuating circumstances that hinder you from complying with the SAP policy. You must address ALL courses that contributed to your being placed on suspension. _____

Please explain how the circumstances that contributed to your being placed on suspension have been resolved. Include steps taken to ensure your successful academic progress in the future. _____

I am attaching documentation to support my appeal. (Examples: medical claims/statements; police reports; copy of official death certificate/obituary; signed statement from an involved third party such as a counselor, priest, rabbi, minister; documentation illustrating other commitments outside of school such as pay stubs, letter from employer; etc.)

I understand that if this appeal is approved that I will be placed on probation and will be required to meet all SAP standards by the end of the probationary semester or the stipulations indicated if placed on an Academic Plan. I also understand that I may have stipulations assigned to this probationary status which will be outlined on a SAP Academic Plan once the Appeals Committee has made a determination on this petition. **Failure to meet any of these requirements will result in me losing future financial aid eligibility. I have read and understand the Satisfactory Academic Progress policy.**

Student Signature: _____

Date: _____

E-mail: financialaid@cgcmail.maricopa.edu

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