Student Financial **Aid**

A Department of Central Piedmont Community College

Financial Aid Satisfactory Progress Appeal Request

Name: _____ **Student ID:** _____

Street Address: _____ **City:**_____ **State:** _____ **Zip** _____

Telephone Number: _____ **Email Address:** _____

Program of Study: _____ **Anticipated Graduation Date:** _____

Please submit a copy of your program evaluation highlighting the courses you need to take to complete your degree. You can access your Program Evaluation through the CPCC website by going to: www.cpcc.edu; My CPCC; My College; Log In; Students; Academic Profile; Program Evaluation.

It has been determined that you are not making academic progress toward graduation. Grade point average and the percentage of credit hours completed define satisfactory academic progress. Federal and state regulations require students to comply with standards of academic progress as defined by the Office of Financial Aid. Students that fail to meet the minimum standards lose their eligibility to receive federal and state aid. Federal regulations also allow the Office of Financial Aid to extend eligibility to students that fail to meet minimum standards if they can document that there were mitigating circumstances beyond their control that caused them to perform below standards. Documentation must be submitted with your appeal to support your statement. Working, taking care of children, did not study, was not prepared for college, etc. are not examples of mitigating circumstances. ***Examples include: medical conditions that resulted in hospitalization for more than 14 days, loss of an immediate family member, loss of home due to fire, storm or natural disaster, illness of student or immediate family member, severe emotional difficulties, death in the family, loss of employment, etc.*** *The mitigating circumstances must occur during the term you received failing grades and/or withdrew from classes.*

ONE APPEAL PER ACADEMIC YEAR WILL BE CONSIDERED.

Note:

- Appeals based solely on financial and/or emotional needs without sufficient explanation or documentation will not be approved.
- Work is not considered a hardship since financial aid is viewed as a supplement to student's income in order to help reduce the number of hours the average student would have to work in any given week.
- It is the responsibility of the student to successfully complete all classes for which they have enrolled. Please remember that dropping a class, failing a class, or withdrawing from a class is a personal decision made by the student.
- *Do not include childcare as a hardship since this would have been an issue if you worked and before you enrolled in classes.*

Students on financial aid suspension should not depend on financial aid to pay for costs of registration, but should be prepared to pay from their own resources pending the outcome of their financial aid appeal.

Appeals submitted without proper documentation will be DENIED. Incomplete forms will not be reviewed.

We recognize that extenuating circumstances may prevent a student from completing a semester or specific hours in one semester.

SECTION A

Suggestions on Writing Your Appeal

Submit your appeal as soon as possible.

A reason for appealing would be an extenuating circumstance under which you had no control and which you can document. The appeal should explain in detail the reason(s) for not meeting the standards of progress.

Your statement for your appeal should consist of two parts:

1. In Part I, explain how the circumstances prevented you from meeting academic progress, indicating the problem has been resolved.
2. In Part II, clearly explain how you will be able to meet progress standards in the future. Provide relevant dates and supporting documents from appropriate third parties, such as an academic advisor, instructor, doctor, counselor, clergy, etc.

Appeal Categories

Mark the box that represents the reason for your appeal. Read and FOLLOW the instructions. Attach copies of supporting documentation, statements, or letters to support your Appeal. Include a detailed, written explanation stating the circumstances of your appeal. Only requests that include documentation will be considered.

You must complete this section. This is part of your appeal request. Please check the appropriate box and provide the requested information in your statement.

☐ **Death of an immediate family member** (immediate family member is a grandparent, parent, child, spouse, brother or sister). Other relatives such as uncles, aunts and cousins are not immediate family members.

Part I. (CAUSE): Explain the circumstances as to how their death affected your academic performance. Was this an unexpected death? Did their death occur during the semester you became deficient? What role did you play in their care? Were you the primary caregiver for this person and what was the reason you chose to be the caregiver? Provide a photocopy of the death certificate, obituary notice or letter from the funeral home. Include in your statement the deceased's name and their relationship to you.

Part II. (YOUR SOLUTION): Please explain what you have done to resolve the problem that prevented you from successfully completing your required hours. Did you seek counseling to deal with the death? Did you make an effort to make up the deficiencies after this death? What steps have you taken to ensure you will complete the upcoming semester.

☐ **Illness or injury.** You, your spouse, your dependent children, were injured or ill for an extended period of time. Explain at what time the injury or illness occurred in relationship to your enrollment.

Part I. (CAUSE): Who was ill or injured? How long was this person ill or injured? What were the restrictions, if any? Why was this person (if this person was not you) unable to care for his/her self while you attended classes? Provide medical records, bills or doctor's statement. Provide names of the people and their relationship to you who was ill or injured.

Part II. (**YOUR SOLUTION):** What steps have you taken in case another illness or injury occurs to ensure you will be able to attend your classes and meet your academic obligations for the semester? Explain your plans in detail.

☐ **Change in academic program.** You have changed academic programs. As a result, you have exceeded the maximum allowable semesters as per CPCC's Financial Aid's Standards of Satisfactory Academic Progress Policy. You must recognize that changing majors does not allow you extra time to graduate. The allowable number of terms remains the same regardless of the additional time needed to complete the new degree requirements.

Part I. (CAUSE): Explain your reason for changing majors this late in your career. In your explanation, include how many hours from your previous major will not transfer into your new degree. How many hours do

you still need to complete this new major? Submit a program evaluation for your previous and your new program of study.

Part II. (YOUR SOLUTION): Describe your plan of action. How many hours will you be enrolling this semester? List the courses you will be taking this current semester. Include in your statement your anticipated graduation date.

☐ **Extenuating circumstances.** You experienced an unusual situation over which you had no control. This unusual situation is not one of the categories above. Automobile accident, automobile breakdown, marital conflicts are examples of extenuating circumstances.

Part I. (CAUSE): Explain the unusual situation and how it affected your studies. Include in your statement what actions you took to successfully complete the classes (i.e., Did you seek tutoring? Why did you drop or fail the class?) When did you decide that you would drop the class or that you would fail the class?

Part II (YOUR SOLUTION): Describe your plan of action. What steps have you taken to solve your problems? Do you now have reliable transportation? Have you sought marital counseling or resolved problems? Attach your supporting documents such as a letter from a professor, accident report, or marriage counselor, divorce attorney or copies of your repair receipts for your vehicle.

SECTION B

Please indicate the semester you are appealing to have your financial aid reinstated:

☐ ***Fall 2013*** ☐ ***Spring 2014*** ☐ ***Summer 2014***

☐ ***I am on Financial Aid Suspension.*** You must provide a detail description of the reason(s) why you were unable to successfully complete the courses you have attempted and provide supporting documentation. All sections below must be completed.

☐ ***I am on Maximum Credit (Time Frame) Suspension.*** You must attach a type-written, detailed description of the reason(s) you have attempted so many credits without completing your program of study, as well as when you will be completing your current degree or certificate program.

Use additional paper, if needed, when answering questions.

Have you previously submitted an appeal? _____ If so, please give a brief statement in regards to your current appeal.

Please address all semesters in which you experienced academic problems.

Describe the actions you have taken to meet your responsibilities as a student during the time you experienced your mitigating circumstances.

Describe what changes will now enable you to meet the academic progress requirements in your next term of enrollment.

Personal Statement: (Please use additional paper if needed.)

Appeal Deadlines

The completed form, typed statement and supporting documentation must be submitted by 5:00 p.m. on the due date as follows:

Semester	Deadline
➢ **Fall 2013**	**Monday, August 5, 2013**
➢ **Spring 2014**	**Monday, December 16, 2013**
➢ **Summer 2014**	**Friday, May 9, 2014**

Incomplete appeals will be returned without review.

SECTION C

Educational Plan

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Student's intent/goal (indicate one)

☐ **AS/AA degree** ☐ **AAS degree** ☐ **Certificate** **Program Code** _____

(Must be the same as program on file with the Records Office)

Expected degree completion date _____ _____

Month **Year**

The plan must be completed semester by semester.

Fall 20_____	**Spring 20**_____	**Summer 20** _____
Course Name & # **SHC**	**Course Name & #** **SHC**	**Course Name & #** **SHC**

Fall 20_____	**Spring 20**_____	**Summer 20**_____
Course Name & # **SHC**	**Course Name & #** **SHC**	**Course Name & #** **SHC**

Fall 20_____	**Spring 20**_____	**Summer 20**_____
Course Name & # **SHC**	**Course Name & #** **SHC**	**Course Name & #** **SHC**

Fall 20_____	**Spring 20**_____	**Summer 20**_____
Course Name & # **SHC**	**Course Name & #** **SHC**	**Course Name & #** **SHC**

SECTION D

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I am aware that my appeal will not be reviewed until the current semester's grades have been evaluated. Furthermore, I have read CPCC's Financial Aid Standards for Satisfactory Progress.

I certify that the information I have provided is true and accurate. According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Signature of Student: _____ Date: _____

Please attach a copy of your proposed class schedule for the term you are appealing.

FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: _____ **Total Attempted Hours:** _____ **Total Earned Hours:** _____

Completion Rate: _____ **GPA:** _____ **# of Previous Appeals Approved:** _____

- ☐ **Appeal Denied due to insufficient documentation.**_____
- ☐ **Appeal Denied due to completion rate.**_____
- ☐ **Appeal Denied due to grade point average.**_____
- ☐ **Appeal Denied due to grade point average and completion rate.**_____
- ☐ **Appeal Denied.**
- ☐ **Appeal Approved.**

FINANCIAL AID APPEALS COMMITTEE: Committee Member: _____

- ☐ **Student submitted a copy of his/her program evaluation.**
- ☐ **Student submitted a copy of his/her educational plan.**
- ☐ **Student submitted the necessary documentation.**
- ☐ **Student completed the appeal in its entirety.**

☐ **APPROVED**

☐ **DENIED**

Comments:_____

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Please mail this form to: Financial Aid/VA Office, Central Piedmont Community College, P. O. Box 35009, Charlotte, NC 28235-5009 or fax to this form to: (704) 330-5053.

PRINT