



Satisfactory Academic Progress (SAP) Appeal

Student 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 and use it to complete the Educational Plan (see Section C). To locate, go to www.cpcc.edu, under Online Services, click on “My College” and login to your account; on the left click the “Students” tab; under the Academic Profile heading, click on and print your “Program Evaluation.”

*It has been determined that you are not making satisfactory academic progress toward graduation. Your cumulative grade point average and the percentage of credit hours completed with a passing grade divided by the total credit hours attempted 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 who 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 who fail to meet minimum standards if they can document there were mitigating circumstances **beyond their control** which caused them to perform below standards. Documentation must be submitted with your appeal to support your statement. Working, taking care of children, took too many classes, did not study, was not prepared for college, etc. are **not** examples of mitigating circumstances. **Examples of mitigating circumstances include: medical conditions resulting 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 circumstance(s) must have occurred **during the term** you received failing grades and/or withdrew from classes.*

ONE APPEAL PER ACADEMIC YEAR WILL BE CONSIDERED.

Please see a partial list (below) of common scenarios which would not be considered a mitigating or extenuating circumstance for purposes of appealing the suspension of financial aid:

- Typical adjustments to college life such as working while attending school and financial issues related to paying bills and car maintenance, travel to and from campus.
- Appeals based solely on financial and/or emotional needs *without* sufficient explanation or documentation.
- Work since financial aid is viewed as a supplement to a student’s income in order to help reduce the number of hours the average student would have to work in any given week.
- Childcare since this would have been an issue if you worked before you enrolled in classes.

It is the responsibility of the student to successfully complete all classes for which they have enrolled. Please remember that dropping a class or withdrawing from a class is a personal decision made by you, the student.

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.**

Warning: 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.

Financial Aid/Veteran’s Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

SECTION A

Suggestions on Writing Your Appeal

Submit your appeal as soon as possible. The appeal should explain in detail the reason(s) for not meeting the standards of satisfactory academic progress, such as an extenuating circumstance under which you had no control and which you can document. Your statement for your appeal should consist of two parts:

1. **In Part I (CAUSE), explain what circumstance(s) prevented you from making satisfactory academic progress. Provide relevant dates and supporting documents from appropriate third parties, such as an academic advisor, instructor, doctor, counselor, clergy, etc.**
2. **In Part II (YOUR SOLUTION), clearly explain how the problem has been resolved and how you intend to meet progress standards in the future.**

APPEAL CATEGORIES

Mark the box which most closely represents the reason for your appeal. Include a detailed, personal statement (see p. 4) explaining the circumstances of your appeal and attach copies of supporting documentation or letters.

- 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 or your dependent children were injured or ill for an extended period of time. Include what date(s) 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 him/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 were 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 in detail.

- 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, marital conflicts or withdrawal due to military service 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 withdraw from or fail the class?) When did you decide to withdraw from the class or 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 supporting documents such as an accident report, copies of car repair receipts or a letter from a professor or marriage counselor or divorce attorney. If you were called for military service, provide a copy of your orders.

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SECTION B

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

Fall _____ Spring _____ Summer _____

I am on Financial Aid Suspension. You must provide a detailed 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 Financial Aid Termination. You must attach a detailed description of the reason(s) why you failed to comply with the stipulations set forth and agreed upon when your last appeal was approved. Provide detail and documentation

Use additional paper, if needed, when answering questions.

- **Have you previously submitted an appeal?** Yes _____ No _____
- **Was your previous appeal approved or denied?** Approved _____ Denied _____
- **If yes, please give a brief statement explaining why you are submitting your current appeal.**

- **Please list all semesters at CPCC in which you experienced academic problems (INCLUDING semesters when you did not receive financial aid).**

- **Describe the effort you made and the steps you took to meet your responsibilities as a student during the time you experienced your mitigating circumstances.**

- **Describe the changes you have made which will now enable you to meet the academic progress requirements in your next term of enrollment.**

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SECTION C
Educational Plan

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)

Please record the classes you intend to take (Educational Plan) for the next three semesters or until your expected graduation date (Month/Year _____/_____) if you will graduate within three semesters. Use your Program Evaluation (printed from your MyCollege account) to assist you in completing this section.

Fall 20 _____ Course Name & Number _____ _____ _____ _____	Spring 20 _____ Course Name & Number _____ _____ _____ _____	Summer 20 _____ Course Name & Number _____ _____ _____ _____
Fall 20 _____ Course Name & Number _____ _____ _____ _____	Spring 20 _____ Course Name & Number _____ _____ _____ _____	Summer 20 _____ Course Name & Number _____ _____ _____ _____

SECTION D
Statement of Understanding and Certifying Signature

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to complete 100% of the courses for which I register, receiving only A, B, or C grades (no D's, F's, I's, R's or W's). I am aware 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 Academic Progress.

I certify 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 a form, you may be subject to a fine of up to \$20,000 or imprisonment for up to five years, or both.

Signature of Student: _____ Date: _____

*****Appeals will NOT be retroactive to prior semesters*****

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FOR FINANCIAL AID OFFICE USE ONLY

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

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

- 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.

- 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.

Comments: _____

FINANCIAL AID APPEALS COMMITTEE MEMBER: _____

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