

Cloud County Community College Financial Aid Office

2020-2021 Academic Year – SAP Academic Plan Change Request

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839

finaid@cloud.edu • <https://mappingyourfuture.org/MappingXpress/cccc/> Passcode: Cloud65

In conjunction with your appeal for reinstatement of your federal financial aid, you were placed on an **Academic Plan** to make Satisfactory Academic Progress. Your **Academic Plan** is based off the number of hours required to complete your degree/certificate and your agreement to maintain **SAP Requirements**. **Complete this form to request a change to your Academic Plan.**

Last Name

First Name

MI

CCCC ID# or SSN

Phone number (include area code)

-
- I have met with my advisor and I have made a change to my degree/certificate seeking status. I am requesting that my Academic Plan be reviewed and updated.
- I have included a Personal Statement stating what has influenced me to change my degree/certificate.
-

Student Certification:

- I understand that my **Academic Plan** has been updated and only the courses required for my **declared degree or certificate** will be eligible for Financial Aid.
- At minimum, I must maintain **semester** 2.0 GPA and 67% CR unless otherwise specified by the SAP appeal committee.
- I understand that I must also comply with the standards otherwise set forth by the *Satisfactory Academic Progress Policy*.
- I agree to abide by any special conditions the committee may specify to ensure success in my higher education endeavors.
- I understand what I must do to remain eligible for Financial Aid.

By signing this form I understand the information contained within.

Student Signature: _____ Date: _____