

Cloud County Community College Financial Aid Office

2020-2021 Academic Year – Satisfactory Academic Progress (SAP) Appeal Form

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

Students not meeting Satisfactory Academic Progress (SAP) may appeal IF unusual circumstances* have impacted your academic progress. Only complete appeals will be reviewed by the SAP Review Committee. **Please allow 3-4 weeks for processing time.**

Last Name

First Name

CCCC ID# or SSN

Type of Appeal (as stated in Denial Letter)	GPA/Completion Rate	Maximum Time Frame (MTF)
Required Documentation	Personal Statement 3 rd Party Documentation	Personal Statement
Point(s) to prove in documentation	<p>Personal Statement: This statement should detail what unusual circumstance* happened during your unsuccessful semester(s), how the situation has resolved, and what you will do to ensure a successful semester.</p> <p>3rd Party Documentation: This documentation should be supporting of what you state in your personal statement and should come from a source outside of your immediate family, unless extenuating circumstances exist. Examples include: doctor's note, obituary, ER visit paperwork, etc. All documentation must have a date, name, and phone number for verification purposes.</p>	<p>Personal Statement: This statement should detail the following 4 items:</p> <ul style="list-style-type: none"> • What you have been doing prior to this point in your coursework; • What your plans are moving forward to achieve your degree/certification and graduate from CCCC; • When you plan to graduate from CCCC and; • What your plans are after graduation.

*Unusual circumstances may include a serious illness, accident, or death experienced by the student or immediate family or any other type of disruption that was out of your control.

Student Certification

In conjunction with my appeal for reinstatement of Federal Financial Aid, if my appeal is approved, I will be on an **Academic Plan** to make Satisfactory Academic Progress. The Academic Plan will be detailed in the *SAP Appeal Decision Letter*.

- Only the courses **required** for my **declared degree or certificate** will be eligible for Financial Aid.
- Enrollment in courses **not required** for my degree or certificate are not allowed and will immediately make me ineligible for Federal Financial Aid.
- I agree to abide by any special conditions the committee may specify to ensure success in my higher education endeavors.
- I must comply with the standards otherwise set forth by the Satisfactory Academic Progress Policy.
- If I make any changes to my degree (including changing/adding a degree or certificate), I am responsible for notifying the Financial Aid Office. I may be required to complete additional paperwork to maintain my eligibility for Federal Student Aid.

If my appeal is denied, I understand that the SAP Policy outlines how I may self-reinstate my Financial Aid eligibility.

By signing this form, I understand and agree to the information contained on this form.

Student Signature: _____ Date: _____