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 Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain
 Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

Federal Student Aid Satisfactory Academic Progress Appeal Form

SAP
Appeal

Instructions:

According to Satisfactory Academic Progress (SAP) guidelines, you are on financial aid suspension and are, therefore, ineligible for federal student aid. You have the option to appeal this decision by completing and returning this form, a typed letter, and supporting documentation to your campus Financial Aid Office.

Last Name	First Name	MI	Social Security Number XXX-XX-	Student ID Number
Program of Study or Major	I Am Appealing for the Following Term:		I Am Appealing for the Following Year:	

Failure to submit documentation to adequately support this appeal may result in a denial. By submitting this form, any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. Please allow 15 business days for processing (longer during peak processing periods). Notification of the SAP Committee's decision will be delivered to your Student Center. All decisions are final.

Your typed appeal letter and supporting documentation must:

1. Address ALL courses that contributed to your suspension and explain why you did not complete (with passing grades) all your attempted coursework (including dates). Courses with a grade of F, I, N, W, X, Y, and Z are considered non-passing courses.
2. Describe, in detail, the extenuating circumstances that prevented you from complying with the SAP policy (e.g. personal injury or illness, serious illness or death within the immediate family, or other circumstances beyond the reasonable control of the student).
3. Explain how the circumstances that contributed to your suspension have been resolved. Include steps taken to ensure your successful academic progress in the future.

I am attaching documentation to support my appeal. (e.g. 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.).

Certification and Signature

I understand that if this appeal is approved, I will be placed on probation and will be required to meet all SAP standards by the end of the probationary semester, or meet the stipulations indicated if placed on an Academic Plan. Failure to meet any of these requirements will result in the loss of future financial aid eligibility.

I have read and understand the Satisfactory Academic Progress Policy.

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

Student's Signature (<i>electronic signature NOT accepted</i>)	Date

For Official Use Only - To Be Completed by the College

_____ Number of Credits Required for Program _____ Number of Credits Attempted _____ Number of Credits Earned _____ CGPA	Pace of Progression Calculation: _____ (Credits Req'd. for Program) X 1.5 = _____ - _____ (Credits Attempted) = _____ _____ (\geq Credits Req'd. for Program) - _____ (credits earned) = _____
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_____ **Approved** for the following term: Fall _____ (year) **or** Spring _____ (year) **or** Summer _____ (year)

_____ **Denied** for the following reason: Lack of Documentation Lack of Progress Insufficient Explanation Insufficient Resolution
 Pace of Progression Cannot Achieve Required CGPA Other: _____

Comments: _____

 _____ **Date:** _____ **Committee Initials:** _____