



Staff Initials \_\_\_\_\_

**SATISFACTORY ACADEMIC PROGRESS APPEAL:  
INSUFFICIENT GPA OR CREDITS COMPLETED**

Student "My Tri-C" ID number: S

Student **LAST** name (one letter or dash or space per box)

Student **FIRST** name

MI

**Purpose of Appeal:** You can use this appeal to ask that you be allowed to receive aid if you have been suspended from aid eligibility due to a low percentage of passing grades and/or low GPA.

During which term are you submitting this appeal? (check one box only): ☐ Summer ☐ Fall ☐ Spring

Degree/Certificate sought: ☐ Associate Degree ☐ Certificate Anticipated Graduation Date (month/year): \_\_\_\_\_

Academic Program Name ("Major"): \_\_\_\_\_

List the year(s) and check the term(s) when this problem prevented you from successfully completing your enrolled credits. **This may cover several terms and years.**

Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Term(s):	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Term(s):	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Term(s):	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>

If your interrupted terms occurred before 1999, list the years and quarters here: \_\_\_\_\_

**Read and Complete Sections 1 – 5 Below:**

**1.** Indicate with a check mark, the type of problem you had that prevented you from successfully completing your enrolled credits. Attach to this form the documentation specified for your selection below:

☐ **Death in the family.** State how this person was related to you (i.e., parent, spouse, sibling, etc). Provide a copy of the obituary, funeral announcement or death certificate.

☐ **Other unusual circumstances beyond your control.** Provide documentation to support your claim. *Examples:* if a fire or natural disaster occurred at your home, a statement from your insurance agent or home repair worker; if a legal matter was the issue, a statement from your attorney or a police report. **If your problem was related to work, attach a signed statement from your employer on business letterhead; if childcare problems were a factor, the childcare provider must provide a signed letter.**

**IF YOU MARK ANY OF THE FOLLOWING THREE PROBLEMS, YOU MUST ALSO  
SUBMIT THE TRI-C STUDENT FINANCIAL ASSISTANCE *SAP APPEAL - MEDICAL DOCUMENTATION FORM***

☐ **Disabling illness or injury to the student.**

Have your licensed health care professional complete the *Medical Documentation Form*.

☐ **Disabling illness or injury of immediate family member that required your care.**

Have your family member's licensed health care professional complete the *Medical Documentation Form*.

☐ **Emotional or mental health issue (for student) that required professional care.**

Have your licensed health care professional complete the *Medical Documentation form*.

Cuyahoga Community College  
Student Financial Assistance Office

SAPA10/50/80

Staff Initials \_\_\_\_\_

YOU MUST WRITE YOUR ID NUMBER AND NAME ON THIS PAGE, EXACTLY AS YOU WROTE IT ON THE PREVIOUS PAGE:

Student "My Tri-C" ID number: S

Student **LAST** name (one letter or dash or space per box)

Student **FIRST** name

MI

**Attach to this form a sheet answering the questions below:**

2. Write a brief statement explaining how this problem prevented you from completing classes with passing grades. Please attach documentation that supports your claim.
3. Describe what steps you will take to ensure that you will successfully complete the courses you plan to take. This may include changes to your academic plan, changes to your work schedule, changes in family obligations, treatment for health and mental health challenges, or some other planned action. **Be specific.**
4. Was a Tri-C faculty or staff member involved in the development of your plan for future academic success?  
If so, please list the person's name and department.
5. If you are planning to finish work for classes that have "I" grades, list the class(es) and when you expect to receive the grade. Please include the department code and class number. **Write "NONE"** if applicable.

**It is recommended that you review to assure all questions are answered and all required documentation is provided before you submit this application. If any questions are left blank or if documentation is missing, the decision on the appeal will be delayed until all required items are provided. Submit your completed appeal to any Student Financial Assistance Office (see addresses at the bottom of this page). The Student Financial Assistance Office will communicate its decision to the student.**

**STUDENT AFFIRMATION**

All of the information submitted in this appeal is true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EASTERN CAMPUS  
Student Services 1600  
4250 Richmond Road  
Highland Hills, OH 44122  
1-800-954-8742  
FAX 216-987-2411

METROPOLITAN CAMPUS  
Student Services 209  
2900 Community College Ave.  
Cleveland, OH 44115  
1-800-954-8742  
FAX 216-987-4130

WESTERN CAMPUS  
Student Services 224  
11000 Pleasant Valley Rd.  
Parma, OH 44130  
1-800-954-8742  
FAX 216-987-5141

Student Financial Assistance Office Use Only

Appeal Decision: \_\_\_\_\_

Letter Mailed: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_