



2019-2020 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

In accordance with federal regulations, students must maintain minimum standards as defined in the Satisfactory Academic Progress (SAP) Policy. The SAP Policy is available in its entirety on the financial aid web site at www.contracosta.edu/financialaid. Students on “Suspension” who have a documented extenuating circumstance that was beyond your control for failing to meet the minimum SAP Policy requirements may file this Appeal for consideration of reinstatement of financial assistance. Read and follow all instructions below carefully to correctly file your Appeal. Please allow at least 6-8 weeks processing time for an appeal decision to be emailed to you.

APPEAL CHECKLIST: Please read and ***INITIAL NEXT TO EACH STATEMENT*** below to indicate that you have read, understood, and completed each of the requirements and guidelines.

_____ I acknowledge that I have read and understand the District’s SAP Policy.

_____ I certify that I have completed the “Filing a Satisfactory Academic Progress (SAP) Appeal” online counseling session. Log on to <https://contracosta.get-counseling.com/sessions> to complete the counseling session.

_____ If I am filing this appeal for exceeding the maximum timeframe, I certify that I have met with my academic counselor and he/she has completed the Maximum Timeframe Supplemental Information section on the reverse of this form.

_____ I have attached a typed personal statement explaining all of the following: the specific circumstances that led to my academic deficiency ***FOR EACH SEMESTER THAT I DID NOT MAKE PROGRESS***, what has changed in my circumstances, and my plan of action to ensure that I meet all SAP Policy requirements in the future. If I am filing for exceeding the maximum timeframe, I have also explained why I have been unable to complete my program within the allowed timeframe.

_____ I have attached supporting documentation to verify my extenuating circumstances, such as: a doctor’s note or other medical documentation, accident claim, police report, death certificate, or other legal documents that I feel support my extenuating circumstance. I understand that **supporting documentation is required** and lack of documentation may be grounds for denial.

_____ I have attached a copy of my unofficial transcript, which is available on InSite Portal.

_____ I have met with an Academic Counselor and attached a copy of my current Educational Plan, including the current semester. My anticipated graduation date is ____/____/____.

_____ I understand that if my Appeal is incorrect, incomplete or not submitted by the deadline, it will be denied for review and I may only submit one Appeal per semester. I also understand that **it is my responsibility to ensure that my Appeal is complete before I submit it. I agree that the decision of the Appeal Committee is final and there is no higher appeal process.** By signing below, I certify that all statements above and all supporting documentation in this Appeal are true and correct, to the best of my knowledge:

Student Signature: _____ Date: ____/____/____



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Student Name: _____ Student ID#: _____

Academic Major/Program: _____ Phone #: _____

Check this box ONLY if you are a current or former foster youth who was previously eligible for Chafee Grant

- Reason for Appeal (check all that apply): My GPA is below 2.0
 My completion rate is less than 67%
 I have exceeded the maximum timeframe for my program

- Term I am appealing for (check ONE): Fall 2019 – **Deadline to submit is Monday, November 4, 2019**
 Spring 2020 – **Deadline to submit is Monday, April 27, 2020**
 Summer 2020 – **Deadline to submit is Monday, July 13, 2020**

MAXIMUM TIMEFRAME SUPPLEMENTAL INFORMATION

This section is required ONLY IF you are filing this Appeal for exceeding the maximum timeframe. If you are filing because your GPA is below 2.0 and/or your completion rate is less than 67%, leave this section blank. Students who are filing an Appeal for exceeding the maximum timeframe must meet with an academic counselor. **Only your counselor should fill out the information below:**

Academic Major: _____ Admitted to Nursing Program (if applicable): Yes No

Middle College HS units (if applicable) _____ Gateway to College units (if applicable) _____

Primary Educational Goal (check only ONE):

- Vocational degree/Certificate program of 2 years or less
- Transfer to a 4-year institution without receiving AA/AS
- AA/AS without plans to transfer to a 4-year institution
- AA/AS and transfer to 4-year institution

Has the student attended any other postsecondary institutions? No Yes, those listed below:

Name of institution: _____ Degree Applicable Units: _____

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Total number of ESL and remedial units completed at other institutions: _____

Total number of units remaining to complete the academic major confirmed above: _____

Comments: _____

Counselor Signature: _____ Counselor Printed Name: _____

Date Signed by Counselor: ____/____/____ Educational Plan attached