2011-2012 Student Financial Aid Academic Progress Appeal Form
Colorado Community College System

Printed Name	Student Identification Number
Street Address	Telephone Number
City State Zip Code	E-Mail Address

Appeal Request:
I am requesting a review for the following semester(s):_____
I understand my appeal will be reviewed upon a complete submitted signed appeal and all appropriate documentation. If my appeal is not complete, no decision will be made and/or the request will be denied. All appeal decision notifications will be mailed to the address above.

Reason for Appeal: *(Please check all reasons that apply to your disqualification of financial aid eligibility)*

1. _____While on probation I achieved a cumulative grade point average (GPA) below 2.0., or I completed less than 67% of my attempted hours.
2. _____I have attempted more than 150% of the total program hours needed to complete my currently declared degree and/or certificate.

Appeal Explanation:
Your appeal must be in the form of a written letter that discusses the reason you wish to appeal. Your appeal must include the following:

<u>If you checked # 1</u>

- Discuss the circumstances that prevented you from meeting the Standards of Satisfactory Academic Progress.
- Discuss what has changed in your situation so that you can now succeed.
- Attach additional documentation for extenuating circumstances such as:
  - Birth/death certificates, obituaries, funeral programs
  - Medical records that corroborate illness and length of recuperation
  - Court documents
  - Statements from physicians, counselors

<u>If you checked # 2</u>

- Explain why you have attempted more than 150% of your degree and/or certificate requirements and need additional hours to complete the degree and/or certificate.

Student Signature	Date

For Office Use Only:

Review Date_____
Incomplete **Y** or **N**
Meas Prog Max Hours Approved_____

Appeal Denied **Y** or **N**
Appeal Approved on Probation **Y** or **N**

Comments: _____

_____

_____

Signature(s)

_____

_____