

Student Financial Aid Academic Progress Appeal Form

Printed Name

Street Address

City

State

Zip Code

Student Identification Number

Telephone Number

E-Mail Address

Reasons for Appeal (check the applicable number):

- 1. My cumulative Grade Point Average (GPA) is below 2.0 and/or I have not successfully completed 67% or more of my cumulative attempted credit hours.
- 2. I failed to meet the conditions of a previously approved financial aid academic plan.
- 3. I withdrew and/or failed all of my courses during the current or previous term.
- 4. I have attempted more than 150% of the total number of credit hours needed to complete my currently declared degree and/or certificate program of study.
- 5. I would like to request funding for an additional degree or certificate.

Must include the following items in your appeal for reasons #1-3:

- A personal statement to include the following:
 - Explanation of the circumstance(s) that prevented the student from successfully meeting *Satisfactory Academic Progress* standards
 - How the situation has been resolved
 - Your plan to enable future success
- Supporting documentation of the circumstance(s) referenced in the personal statement
- If no documentation is available, address the reason in the personal statement

Must include the following items in your appeal for reason #4:

- A personal statement and/or supporting documentation explaining your academic situation and plan for success
- Printout of Student Degree Check (Accessible in your Student Access Account, under the "student" tab, and on the left hand side, the link for "degree check")

Must include the following items in your appeal for reason #5:

- A personal statement regarding your academic plan for an additional degree or certificate
- A printout of student Degree Check
- Meet with an Academic Advisor and complete a Degree Completion Evaluation

Please read the statements below:

- I understand that my complete appeal MUST be received at least two weeks prior to the end of the term in order to be considered for reinstatement for the current term.
- I understand that my Financial Aid Satisfactory Academic Progress Appeal will be reviewed based upon the information and documentation provided in the submission.
- I understand if my appeal is incomplete, no decision will be made.
- I understand all appeal decisions will be mailed to the contact information listed above.

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature

Date

For Office Use Only:

Review Date _____

Incomplete Y or N _____

Meas Prog Max Hours Approved _____

Appeal Denied

Appeal Approved on Probation

Comments: _____

Signature(s) _____