Student Financial Aid Academic Progress Appeal Form
Colorado Community College System

Printed Name____________________________ Student ID Number______________________
Address _____________________________

(Street) (City) (State) (Zip Code)

Telephone Number______________________ Email ________________________________

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.
3. ______I either withdrew or failed all courses I was enrolled in for the past semester, resulting in non-completion of any credit hours during that term.

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:

If you checked #1 or #3
o Discuss the circumstances that prevented you from meeting the Standards of Satisfactory Academic Progress.

o Discuss what has changed in your situation so that you can now succeed

o Attach additional documentation for extenuating circumstances such as:
  o Birth/Death certificates, obituaries, funeral programs
  o Medical records that corroborate illness and length of recuperation
  o Court documents
  o Statements form physicians, counselors, etc.

If you checked #2
o 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__________________ Appeal Denied Y or N
Incomplete Y or N Approved on Probation Y or N
Meas Prog Max Hours Approved _______________________
Comments:________________________________________________________________
Signatures:_________________________________________________________________