

**OTERO JUNIOR COLLEGE**  
*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**

- 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, etc.

**If you checked #2**

- 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: \_\_\_\_\_