



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa
 Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain
 Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

Satisfactory Academic Progress Appeal Form

Last Name	First Name	MI	Social Security Number XXX-XX-	Student ID Number
Program or Major	I am requesting Financial Aid for the following term (select the term and enter the year)			
	<input type="checkbox"/> Fall _____ (year) or <input type="checkbox"/> Spring _____ (year) or <input type="checkbox"/> Summer _____ (year)			

According to Satisfactory Academic Progress guidelines, you are on financial aid suspension, and are therefore ineligible for federal student aid. You have the option to appeal by completing and returning this form to the Financial Aid Office. Failure to submit documentation to adequately support this appeal may result in a denial. By submitting this form, any enrollment within the Maricopa County Community College District may be used for determining the outcome of this appeal. Please allow 15 business days for processing, or longer during peak processing periods. Notification of the Committee's decision will be delivered to your Student Center. All Committee decisions are final.

Check your college's Important Dates website for the submission deadline of this form.

Your typed appeal letter and supporting documentation must:

1. Address ALL courses that contributed to your suspension, and explain why you did not complete (with passing grades) all your attempted course work (including dates). Courses with a grade of F, I, N, W, X, Y, and Z are considered non-passing courses.
2. Describe in detail, the extenuating circumstances that prevented you from complying with the SAP policy. (e.g. personal injury or illness, serious illness or death within the immediate family, or other circumstances beyond the reasonable control of the student).
3. Explain how the circumstances that contributed to your suspension have been resolved. Include steps taken to ensure your successful academic progress in the future.

I am attaching documentation to support my appeal. (e.g. medical claims/statements; police reports; copy of official death certificate/obituary; signed statement from an involved third party such as a counselor, priest, rabbi, minister; documentation illustrating other commitments outside of school such as pay stubs, letter from employer; etc.).

I understand that if this appeal is approved, I will be placed on probation and will be required to meet all SAP standards by the end of the probationary semester, or meet the stipulations indicated if placed on an Academic Plan. Failure to meet any of these requirements will result in the loss of future financial aid eligibility. I have read and understand the Satisfactory Academic Progress policy.

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

Student's Signature (electronic signature NOT accepted)	Date

This Section - Office Use Only

_____ Number of Credits Required for Program	Pace of Progression Calculation: _____ (Credits Req'd. for Program) X 1.5 = _____ - _____ (Credits Attempted) = _____ _____ (≥ Credits Req'd. for Program) - _____ (credits earned) = _____
_____ Number of Credits Attempted	
_____ Number of Credits Earned	
_____ CGPA	

_____ **Approved** for the following term: Fall _____ (year) or Spring _____ (year) or Summer _____ (year)

_____ **Disapproved** for the following reason: Lack of Documentation Lack of Progress Insufficient Explanation Insufficient Resolution
 Pace of Progression Cannot Achieve Required CGPA Other: _____

Comments: _____

_____ **Date:** _____ **Committee Initials:** _____