

# CLoud COUNTY COMMUNITY COLLEGE

Financial Aid Office • 2221 Campus Drive • Concordia, KS 66901  
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## Satisfactory Academic Progress (SAP) Appeal

Students not meeting Satisfactory Academic Progress (SAP) may appeal IF unusual circumstances\* have impacted your academic progress. Only complete appeals will be reviewed by the SAP Review Committee. **Please allow 3-4 weeks for processing time.**

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 CCCC ID# or SSN

Type of Appeal (as stated in Denial Letter)	GPA/Completion Rate	Maximum Time Frame (MTF)
<b>Required Documentation</b>	Personal Statement 3 <sup>rd</sup> Party Documentation	Personal Statement
<b>Point(s) to prove in documentation</b>	<p><b>Personal Statement:</b>                      This statement should detail what unusual circumstance* happened during your unsuccessful semester(s), how the situation has resolved, and what you will do to ensure a successful semester.</p> <p><b>3<sup>rd</sup> Party Documentation:</b>                      This documentation should be supporting of what you state in your personal statement and should come from a source outside of your immediate family, unless extenuating circumstances exist. Examples include: doctor's note, obituary, ER visit paperwork, etc. All documentation must have a date, name, and phone number for verification purposes.</p>	<p><b>Personal Statement:</b>                      This statement should detail the following 4 items:</p> <ul style="list-style-type: none"> <li>• What you have been doing prior to this point in your coursework;</li> <li>• What your plans are moving forward to achieve your degree/certification and graduate from CCCC;</li> <li>• When you plan to graduate from CCCC and;</li> <li>• What your plans are after graduation.</li> </ul>

\*Unusual circumstances may include a serious illness, accident, or death experienced by the student or immediate family or any other type of disrupter that was out of your control.

### Student Certification

In conjunction with my appeal for reinstatement of Federal Financial Aid, if my appeal is approved, I will be on an **Academic Plan** to make Satisfactory Academic Progress. The Academic Plan will be detailed in the *SAP Appeal Decision Letter*.

- Only the courses **required** for my **declared degree or certificate** will be eligible for Financial Aid.
- Enrollment in courses **not required** for my degree or certificate are not allowed and will immediately make me ineligible for Federal Financial Aid.
- I agree to abide by any special conditions the committee may specify to ensure success in my higher education endeavors.
- I must comply with the standards otherwise set forth by the Satisfactory Academic Progress Policy.
- If I make any changes to my degree (including changing/adding a degree or certificate), I am responsible for notifying the Financial Aid Office. I may be required to complete additional paperwork to maintain my eligibility for Federal Student Aid.

**If my appeal is denied, I understand that the SAP Policy outlines how I may self-reinstate my Financial Aid eligibility.**

*By signing this form, I understand and agree to the information contained on this form.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_