

Cloud County Community College Financial Aid Office

2021-2022 Academic Year – Satisfactory Academic Progress (SAP) Appeal Form

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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 <small>(as stated in Denial Letter)</small> | GPA/Completion Rate | Maximum Time Frame (MTF) |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Required Documentation | Personal Statement 3 rd Party Documentation | Personal Statement |
| Point(s) to prove in documentation | <p style="text-align: center;">Personal Statement:</p> <p>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 style="text-align: center;">3rd Party Documentation:</p> <p>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 style="text-align: center;">Personal Statement:</p> <p>This statement should detail the following 4 items:</p> <ul style="list-style-type: none"> • What you have been doing prior to this point in your coursework; • What your plans are moving forward to achieve your degree/certification and graduate from CCCC; • When you plan to graduate from CCCC and; • What your plans are after graduation. |

***Unusual circumstances may include a serious illness, accident, or death experienced by the student or immediate family or any other type of disruption 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:** _____