

Suspension Appeals Process

**Satisfactory Progress Appeal Form**

1. Complete both sides of this form and provide all supporting documentation as described on this form.
2. Return your appeal form and supporting documentation to the CBC Financial Aid Office in person or via mail/fax (address/fax number are at the top of this page).
3. CBC Financial Aid Office will notify you of the committee's decision via mail.

**APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED.**

**Student Information:**

Student Name: \_\_\_\_\_ CBC ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Is it a (circle one):      Degree      /      Certificate

Have you been **accepted** into the LVN/RN/Radiology/Dental Hygiene/Pharmacy program? \_\_\_\_\_ Yes \_\_\_\_ No

1. Check all reasons that apply to your suspension:

- I have completed less than 67% of the classes I have enrolled.
- My semester GPA is below the required level, as stated in the Satisfactory Academic Progress form.
- I have attempted close to or over 150% total hours towards my intended major.
- I have changed my major.
- I have earned a Certificate (1 year/2 year), an Associate's Degree (AA/AS), Bachelor's Degree (BA/BS) or higher degree in the United States or foreign country.

2. Please answer the following questions on a separate paper and attach to this form. You **MUST** submit supporting documentation (i.e. medical documents, letters of recommendation, etc) to verify your extenuating circumstance. Please do not indicate financial hardship, as that is not relevant to this appeal.

- a. Why have you failed to complete 67% of credit hours attempted OR maintain the proper GPA?
- b. If you have a Certificate (Level I/Level II), an Associate's Degree (AA/AS), Bachelor's Degree (BA/BS) or higher degree, AND/OR have attempted close to or over 150% total hours towards my intended major, please explain why you are enrolled at a community college and the purpose of returning to a two year program.
- c. What personal or academic changes have you made to improve your academic progress and/or complete your educational plan?

3. Please provide a **signed** degree plan from your advisor.
4. Please **initial** each statement to indicate that you have met and understand all requirements. You must meet all of the following criteria to submit an appeal. If you do not meet all of the criteria, your appeal will automatically be denied.

\_\_\_\_\_ I understand that I must have documented extenuating circumstance or letters of recommendation to be eligible to appeal.

\_\_\_\_\_ I am currently enrolled only in classes that are required on my degree plan.

\_\_\_\_\_ I understand that the appeal decision will be based on the signed degree plan, which I have submitted to the Financial Aid Office, for the degree objective that matches the Educational Goal stated above.

\_\_\_\_\_ I understand if the appeal is approved, I must fulfill all conditions of the appeal approval. If I do not, I will not be able to receive aid until I meet Satisfactory Academic Progress as stated on the SAP form.

\_\_\_\_\_ I understand that if I have a Bachelor's or higher degree, I must explain the purpose of returning to a 2-year institution. I **may** only be eligible for Federal Direct Loans if my appeal is approved **and** I have remaining loan eligibility.

\_\_\_\_\_ I understand that the Appeal Committee will review my whole academic history.

\_\_\_\_\_ I understand an appeal approval cannot re-instate my aid for a prior semester.

\_\_\_\_\_ I understand that if I am denied, I **will not** receive any financial aid (i.e. grants, loans, scholarships, work study).

\_\_\_\_\_ I understand if the appeal is denied, the decision is final.

**Student Certification**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date