



OFFICE OF STUDENT FINANCIAL AID
CENTRAL CAROLINA COMMUNITY COLLEGE
Hockaday Building, Lee Main Campus
1105 Kelly Drive
Sanford, NC 27330

T 919.718.7229 Email: finaid@cccc.edu
F 919.718.7410 Website: cccc.edu/financialaid

Student Name:	
CCCC Student ID:	
Telephone Number:	()-()-()

2017-2018 Satisfactory Academic Appeal Request

Students who fail to meet CCCC's Satisfactory Academic Progress (SAP) Policy have the right to appeal their eligibility status to the Office of Student Financial Aid.

For a complete review of your appeal, students **MUST** have documented extenuating circumstances that are beyond their control.

SECTION I: Student Information

- I am appealing my suspension due to my cumulative GPA of less than 2.00. **Complete Section II, IV**
- I am appealing because I failed to meet the required 67% completion rate. **Complete Section II, IV**
- I am appealing because I have exceeded/nearing the maximum number of credit hours allowed to continue receiving financial aid. **Complete Section III, IV**

SECTION II: Extenuating Circumstances – Please select and complete the option that best describes the extenuating circumstance(s) that has contributed to you not meeting the Satisfactory Academic Progress requirements and follow the instructions for that category.

- Death of an immediate family member.**
 - Include the following in your personal statement as instructed in Section III: your relationship to the deceased and date of death.
 - *Acceptable Documentation:* Attach a copy of the death certificate, obituary, or funeral program.
- Serious illness or injury to student or immediate family member.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the illness or injury.
 - *Acceptable Documentation:* Statement from hospital or physician on letterhead, including dates of treatment and affirmation that the situation has been completely resolved.
- Significant trauma in student's life that impaired the student's emotional and/or physical health.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the significant trauma.
 - *Acceptable Documentation:* Statement on letterhead from a professional counselor, clergy, or attorney, including dates, details, and resolution of trauma.
- Other unexpected circumstance beyond the student's control.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the unexpected circumstance.
 - *Acceptable Documentation:* Attach supporting documentation including dates, details, and resolution of the unexpected circumstance.



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SECTION III: Maximum Timeframe – Students who have exceeded or nearing the maximum number of credit hours allowed to continue receiving financial aid must complete the following:

- Check the boxes next to the circumstance that merit an appeal: **(Check all that apply)**
 - Program of study has changed from: _____ to _____
 - I have transferred credits from other schools.
 - I am pursuing a second degree, diploma, or certificate.
 - I was accepted into a program and already had a significant number of credits.
 - Other unexpected circumstance beyond my control
- Include the following in your personal statement as instructed in Section IV: Explanation of the circumstances that have caused you to not complete your degree within the allotted timeframe.
- Attach a signed program evaluation or a signed letter on school letterhead from your Academic Advisor including the month and year of expected graduation.

SECTION IV: Personal Statement - Please type and attach a letter of explanation detailing the following **2** questions in separate paragraphs, addressing the extenuating circumstance(s) that you selected in Section II.

1. Why did you fail to make satisfactory academic progress?
2. What has changed in your situation that will allow you to make satisfactory academic progress?

APPEALS WILL NOT BE REVIEWED WITHOUT DOCUMENTATION AND PERSONAL STATEMENT.

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date