2024-2025 Satisfactory Academic Progress Appeal Request

Student Name: _____   CVCC Student ID: _____

Check the semester you are submitting your appeal: Fall ☐   Spring ☐   Summer ☐

Select the Reason for Your Appeal

☐ Grade Point Average (GPA): Your GPA is below the minimum requirement (2.0)
☐ Completion Rate: Your cumulative completion rate is below 67%
☐ Maximum Timeframe: You have exceeded 150% of the credits required for your program of study.

Please read and initial each of the following instructions below. By initialing you indicate that you have read, understand, and agree to each item.

_____ Explanation of Extenuating Circumstances

Attach a typed and signed letter that includes: A detailed explanation of the extenuating circumstances (extended illness, hospitalization, death of an immediate family member, unanticipated medical or psychological difficulty) and how it directly prohibited you from meeting SAP. State what steps you have, or will take, to address the circumstances that prohibited you from meeting SAP and how you will manage similar circumstances in the future.

_____ Attach supporting documentation

You must submit official documentation or supporting letters (letter from physician, counselor, medical bills, death certificate, obituaries, military orders, legal documents, etc.) to confirm your typed and signed statement.

_____ Complete an Academic Plan

You must complete the academic plan with an Enrollment Manager.

_____ Submit Your Appeal

Submit your SAP appeal, typed explanation, supporting documentation, and your academic plan to the Office of Scholarships and Financial Aid. Appeals submitted without proper documentation will be denied. Incomplete forms will not be reviewed. All appeals must be received by the first day of your class for the semester you have requested reinstatement.

Certification and Signature (Please Read Carefully)

I have read CVCC's SAP Policy and understand decisions on appeals are processed on a case-by-case basis. If approved, I will be placed on Probation on Appeal and must follow my Academic Plan and successfully complete 100% of hours attempted (no withdrawals, incompletes, or repeats) and earn a 2.5 semester GPA until I complete my degree, or have met the cumulative qualitative, quantitative, and timeframe standards. If not met each semester, my financial aid will be suspended. **Signature cannot be typed.**

Student's Signature: _____   Date: _____

For Office Use Only

Appeal Request Approved ☐   Appeal Request Denied ☐

Comments: _____

Financial Aid Administrator: _____   Date: _____

2024-2025 Satisfactory Academic Progress Academic Plan

Student Name: _____   CVCC Student ID: _____

Students required to submit an academic plan are not making Satisfactory Academic Progress (SAP) towards the completion of their program of study. All sections of this form must be completed by an Enrollment Manager and must be signed by both Enrollment Manager and student.

Program of Study: _____   Credit Hours Completed Toward Degree: _____

Credit Hours Still Needed: _____   Anticipated Graduation Date: _____

Academic Plan

List specific course numbers student needs to complete program under applicable semester.

Semester	Course Name and Number	Course Name and Number	Course Name and Number	Course Name and Number

Enrollment Manager's Comments: (Please include any observations or recommendations regarding the student's progress.)

_____

_____

To the Enrollment Manager

By signing the document, you certify that you have met with the student and discussed the requirements of the stated degree program the student is pursuing. Also, you agree that the classes and total number of credits listed above apply toward that degree and are needed for the student to complete their course of study and graduate. **Signature cannot be typed**.

Enrollment Manager's Signature: _____   Date: _____

To the Student

By signing this document, you certify that you have met with an Enrollment Manager and discussed the requirements needed to complete your degree. **Signature cannot be typed.**

Student's Signature: _____   Date: _____