



# Satisfactory Academic Progress Appeal

183 College Drive • De Queen, AR 71832 • Phone : 870.584.4471 • Fax : 870 642-8766

Name: \_\_\_\_\_ SID #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Semester or academic year you are requesting financial aid reinstatement for: \_\_\_\_\_

Degree being appealed for: \_\_\_\_\_

- Reason for appealing:
- \_\_\_\_\_ Hours Attempted
  - \_\_\_\_\_ Already have Associates degree
  - \_\_\_\_\_ GPA
  - \_\_\_\_\_ Transferring in on Suspension
  - \_\_\_\_\_ Over Hours/Maximum Time Frame

**Students who have lost their eligibility for financial aid due to lack of satisfactory academic progress (SAP) may appeal for re-instatement of their eligibility if circumstances beyond their control prevented them from meeting the established standards.**

**Appeals will not be reviewed until steps 1-4 have been completed.**

**Step 1:** Provide a typed explanation of reasons and circumstances that caused you to fail to meet the required standards. It is important that you demonstrate a clear and thorough understanding of why you experienced academic difficulties so that you will be able to take sufficient steps in the future to improve your academic performance and meet the prescribed standards. You will need to outline the specific steps you intend to take in the next semester. Be thorough and detailed.

**Step 2:** Provide any necessary documentation that can help validate your appeal. Such documentation, for extreme circumstances, may include hospital records, police reports, court records, letters from your doctor(s), or any documentation that may help in identifying your particular situation.

**Step 3:** Meet with your advisor to review your degree audit and complete the academic plan on page 2. The appeal application is incomplete if your academic advisor does not sign off on the appeal application. If necessary, fill out a Change of Major with your assigned Advisor to ensure that you are enrolled in the degree stated on this appeal form.

**Step 4:** Provide an unofficial copy of your CCCUA transcript and copies of transcripts from any previously attended institutions. (Transcripts may be obtained from the admissions office).

*\*Students are responsible for submitting a completed SAP Appeal to the Financial Aid Office by the first day of classes for the current semester\**

**INCOMPLETE APPEALS WILL BE DENIED**



# Satisfactory Academic Progress – Academic Plan

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## INSTRUCTIONS >>>

Meet with your Academic Advisor to complete your academic plan. You and your academic advisor must provide signatures on page 3.

Student's Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Student's Degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
(MM/YYYY)

### Semester/Year:

Course Name	Cr. Hrs.
<b>Total</b>	

### Semester/Year:

Course Name	Cr. Hrs.
<b>Total</b>	

### Semester/Year:

Course Name	Cr. Hrs.
<b>Total</b>	

### Semester/Year:

Course Name	Cr. Hrs.
<b>Total</b>	

\*Additional pages may be submitted as needed.

### Advisor Notes:

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Student, please **READ** and **INITIAL** each statement below.

\_\_\_\_\_ By submitting this appeal, I certify that the information contained is correct to the best of my knowledge.

\_\_\_\_\_ I have read the Satisfactory Academic Progress Policy, which is available online at <https://www.cccua.edu/pay-for-college/financial-aid/satisfactory-academic-progress-policy.html>

\_\_\_\_\_ I understand that the Financial Aid Office will **NOT** accept any SAP Appeal that is incomplete or lacks documentation. I am therefore submitting my **completed** SAP Appeal.

\_\_\_\_\_ I am responsible for submitting my SAP Appeal by the first day of classes of the current semester. If it's not submitted by that deadline, it will be reviewed in the following semester.

\_\_\_\_\_ I understand that if my appeal is denied, I will be responsible for paying my outstanding balance.

\_\_\_\_\_ I understand that if my appeal is approved, my academic progress will be reviewed at the end of each term and that any failure to meet the conditions of my approved appeal will result in the suspension of my financial aid eligibility.

\_\_\_\_\_ I understand that I must also meet all other federal aid requirements.

Once a decision has been made, the Financial Aid Office will notify you of the Appeal outcome. The decision of the Appeal Review Committee is **FINAL**.

**SIGNATURES**

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Advisor's Signature

\_\_\_\_\_ Date

*The Following is for Appeal Committee Use Only*

**Committee Decision:**                              **APPROVED**                              /                              **DENIED**

**Approved Program of Study:** \_\_\_\_\_ **Expected date of Graduation (MM/YYYY)** \_\_\_\_\_

**Term of Reinstatement:**    **Fall** \_\_\_\_\_                              **Spring** \_\_\_\_\_                              **Summer** \_\_\_\_\_

**Approved Program Restrictions/Notes:**

*YES / NO*

\_\_\_\_\_ Appeals Committee Chair

\_\_\_\_\_ Date

\_\_\_\_\_ Notes added in Workday