



CENTRAL PIEDMONT COMMUNITY COLLEGE

# Financial Aid Satisfactory Progress Appeal Request

Name of Student: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
*Please print*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Continued eligibility for financial aid is determined, in part, by maintaining satisfactory academic progress toward the completion of a degree program. Grade point average and the percentage of credit hours completed define satisfactory academic progress. Students who fail to meet academic progress standards are ineligible for financial aid.

Federal regulations allow you to appeal financial aid standings under certain conditions with proper documentation. We recognize that extenuating circumstances may prevent a student from completing a semester or specific hours in one semester. Due to our concern for a student's success, **we require documentation from an academic advisor** in an attempt to ensure that the seriousness of the problem is given proper attention.

Students who have not completed the necessary number of credit hours per semester, due to withdrawing from the College or receiving an "Incomplete" or "F," may appeal their financial aid suspension **if extenuating circumstances were involved** such as:

- Serious illness or accident that prevented you from completing classes. If a medical problem contributed to the failure to maintain satisfactory progress, attach documentation from a medical professional from whom you have received advice or treatment. *(Section A, B, C and D are required.)*
- Serious personal problems that prevented you from completing classes. Please clearly state circumstance and provide appropriate documentation. *(Section A, B, C and D are required.)*
- Death in the immediate family. *(Attach a copy of death certificate or obituary and please indicate your relationship with the deceased.) (Section B, C and D are required.)*

For extenuating circumstances of illness or serious personal problems that were beyond the student's control a physician, professional counselor, minister or attorney must address this section.

Have the professional provide the following in a letter (on letterhead) addressing *all* of the following:

- Statement as to whether the situation has been completely resolved. If situation has not been resolved, indicate the measures that have been established to resolve the situation.
- Recommendation as to whether the student can complete a full course load at present. If not, what is recommended (i.e., six credit hours, no enrollment)? When would a full course load be recommended?
- Statement of extenuating circumstances that prevented the student from successfully completing the semester. Dates that circumstances occurred should be included.
- Dates the situation prevented the student from attending or completing classes and dates seen by a professional.

## SECTION A

Please indicate the semester you are appealing to have your financial aid reinstated:

- Fall 2008                       Spring 2009                       Summer 2009

Have you previously submitted an appeal? \_\_\_\_\_ If so, please give the semester you appealed, and explain the circumstances and the results of the appeal below:

**\*Note: Students should not submit more than one appeal per academic year.**



5. ____	I have completed the maximum 80 credits allowable for financial aid at a two-year institution including transfer credit hours. My current program of study requires additional credits for completion.	Attach documentation of requirements for completion of program and project an anticipated completion date.	Printout from advisor showing classes needed for completion of program
6. ____	I have completed 100% of credits attempted in the most recent semester (minimum 6 credits) with at least a 2.0 in each class and paid out of pocket to reestablish eligibility.		Documentation of courses taken, semester of registration, and receipt
7. ____	I experienced a significant personal tragedy or event in my life that directly affected my ability to meet the academic standards.	Attach a detailed explanation noting the circumstances and how the occurrence specifically affected your coursework with supporting documentation.	
8. ____	Other significant situation.	Attach a detailed explanation noting the circumstances and how the occurrence specifically affected your coursework with supporting documentation.	

**SECTION C**

You must meet with a counselor or faculty advisor prior to having your appeal reviewed. Please have your counselor or faculty advisor complete the section below.

Federal regulations stipulate that at the end of the second academic year, a federal aid recipient must, in general, have a "C" grade point average (e.g., a 2.0 on a 4.0 scale) or an academic standing consistent with the institutions requirement for graduation. In addition, federal regulations specify that the maximum time frame for program completion may not exceed 150% of the published length as measured in credit hours completed.

Please list only those classes recommended for the student to enroll in for the next semester.


Total Credit Hours: \_\_\_\_\_

Name of Program of Study: \_\_\_\_\_

Advisor's Comments:

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Please list the student's earliest possible graduation date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION D

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I am aware that my appeal will not be reviewed until the current semester's grades have been evaluated. Furthermore, I have read CPCC's Financial Aid Standards for Satisfactory Progress.

I certify that the information I have provided is true and accurate.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a copy of your financial aid award letter  
and a proposed class schedule for the term you are appealing.**

Please mail this form to: Financial Aid/VA Office, Central Piedmont Community College, P. O. Box 35009, Charlotte, NC 28235-5009.

### Appeal Deadlines

Submit By	Appeal Date	Notify By
1/5/2009	1/14/2009	1/21/2009
2/2/2009	2/11/2009	2/18/2009
3/2/2009	3/11/2009	3/18/2009
4/6/2009	4/15/2009	4/22/2009
5/4/2009	5/13/2009	5/20/2009
6/1/2009	6/10/2009	6/17/2009

### Deadlines for Appeals To Be Submitted Per Semester

Fall 2008 Semester	September 17, 2008
Spring 2009 Semester	April 1, 2009
Summer 2009 Semester	May 20, 2009

### FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: \_\_\_\_\_ Total Attempted Hours: \_\_\_\_\_ Total Earned Hours: \_\_\_\_\_

Completion Rate: \_\_\_\_\_ GPA: \_\_\_\_\_ # of Previous Appeals Approved: \_\_\_\_\_

- Appeal Denied due to insufficient documentation. \_\_\_\_\_
- Appeal Denied due to completion rate. \_\_\_\_\_
- Appeal Denied due to grade point average. \_\_\_\_\_
- Appeal Denied due to grade point average and completion rate. \_\_\_\_\_
- Appeal Approved. Student must complete at least \_\_\_\_\_ credit hours without withdrawing from any courses and maintain a 2.0 GPA.

#### FINANCIAL AID APPEALS COMMITTEE:

##### Committee Member:

- APPROVED
- DENIED

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_