



# 2018-2019 Satisfactory Academic Progress Appeal

**NOTE: Satisfactory Academic Progress Appeals will only be accepted from students who have experienced extenuating, documented circumstances, for example: student’s illness or medical issues, family death or emergency. Please review College of the Siskiyous Financial Aid Satisfactory Academic Progress Policy located on our website.**

STUDENT ID # S \_\_\_\_\_

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Address

City

State

Zip Code

## INSTRUCTIONS

### Steps to Submit Your Appeal

- \_\_\_ 1. Complete this form and contact Counseling Services, (530) 938-5353, to make an appointment with a counselor (not an advisor).
- \_\_\_ 2. A **signed**, typed statement of explanation **must** be attached.
- \_\_\_ 3. Documentation to support your statement of explanation **must** be attached.
- \_\_\_ 4. An “NSLDS” print out of your financial aid history **must** be attached. Go to: [www.NSLDS.ed.gov](http://www.NSLDS.ed.gov). \*This is your financial aid history (Pell and Loans)
- \_\_\_ 5. A current Student Educational Plan **must** be attached.

## INFORMATION

### Regarding the Appeal Process

- Maximum Timeframe Appeal:
- Once a student has exceeded the maximum unit timeframe for their educational goal, only one change in major will be allowed.
  - Once a Maximum Timeframe Appeal is approved, you may receive aid for only courses listed on your Ed Plan.
  - All official transcripts from prior schools on file with COS will be evaluated towards the maximum time frame allowed for your educational goal.
- ALL Appeals:
- Incomplete appeals and/or missing documentation will delay response time and/or may result in a denied appeal. See **Instructions**.
  - **Allow 4-6 weeks for review and response.**
  - An appeal notification will be mailed to you once a decision has been made.
  - Submission of an appeal does not guarantee approval – plan ahead for alternative ways to fund your education if your appeal is denied.

### Deadline(s) for submitting an Appeal:

Deadline for Fall 2018: October 12, 2018

Deadline for Spring 2019: March 29, 2019

### Reason you are appealing: (check all that apply)

Log onto your mySiskiyous student portal and choose “Billing & Financial Aid”. Choose “Progress” located at the bottom of the Financial Aid Requirements. Select **2018-2019 Aid Year** and the “**Academic Progress**” Tab. You will see your “**Academic Progress**” status.

\_\_\_\_\_ **Disqualified – Appeal Eligible**

I did not maintain a cumulative Grade Point Average of 2.0 and/or did not complete minimum number of units needed to meet the Pace standard (Unit Completion Rate: Number of units attempted divided by units completed = 67% or better).

\_\_\_\_\_ **Exceeds Maximum for Degree**

Reached or exceeded maximum number of units allowed to complete my educational goal within the 150% of the published length of the program.

**Statement** – Attach a **typed, signed** statement which explains the following:

**Disqualified:**

- a. What circumstances beyond your control prevented you from meeting the Satisfactory Academic Standards. For example: student's illness or medical issues, family death or emergency, or other special circumstance (**documentation must be attached**).
- b. How this situation has changed or been resolved.
- c. Your plan for success.

**Exceeds Maximum Degree:**

Please describe why you need more time to complete your educational goal. You must include the following:

- a. What prevented you from reaching your goal within the allotted time frame.
- b. Why you need additional time to complete your goal.

**Wrong or difficult class, too many units in the term, poor time management, transportation issues, etc. are typically NOT extenuating circumstances.**

**Certification:**

**Please read and initial each statement listed below.** Your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments are true, complete, and accurate.

- \_\_\_\_\_ I understand that if my appeal for reinstatement is APPROVED, I will be placed on Financial Aid Probation.
- \_\_\_\_\_ I understand that while on Financial Aid Probation, I am REQUIRED to follow the (Satisfactory Academic Progress) SAP standards each term. Failure to do so will result in immediate dismissal from financial aid.
- \_\_\_\_\_ I understand that there are NO REINSTATEMENTS after dismissal from probation. I must enroll in at least 6 units on my own and complete 100% of units attempted for the semester. I must achieve a semester and cumulative GPA of 2.0 or higher and achieve a minimum 67% PACE of all cumulative units attempted.
- \_\_\_\_\_ I understand that if I do complete at least 6 or more units on my own with a semester and cumulative GPA of 2.0 or higher, I must contact the Financial Aid Office for verification of reinstatement of aid.
- \_\_\_\_\_ I understand that if I am appealing because I reached or exceeded the number of units allowed towards my educational goal, I can only receive financial aid for the classes listed on my Educational Plan. Official transcripts from other schools that are on file at COS will be evaluated towards my major. **Only one change in major will be allowed.**
- \_\_\_\_\_ I understand that Federal Direct Loans are a form of financial aid and I will not be eligible for loans or any other aid if my appeal is denied.
- \_\_\_\_\_ I understand that if I have lost my California College Promise Grant (formally the BOGW) due to not meeting Satisfactory Academic Progress, I will need to complete the Loss of California College Promise Grant appeal also.
- \_\_\_\_\_ I understand that ALL required documentation **must** be attached.
- \_\_\_\_\_ I understand that submission of an appeal does not guarantee approval – I must plan ahead for alternative ways to fund my education should my appeal be denied.

I certify that the information on this form is true and correct to the best of my knowledge. I understand that if the information I have provided is incomplete or false, my financial aid could be delayed or denied. I have read and understand the Financial Aid Satisfactory Academic Progress Policy <http://www.siskiyous.edu/financialaid/documents/SatisfactoryAcademicProgressPolicy.pdf>. I authorize the Financial Aid Office to contact my instructors, other college departments, and/or related agencies to exchange information concerning my financial aid eligibility and/or academic progress.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ATTN: THIS COMPLETED FORM AND ALL REQUESTED DOCUMENTS MUST BE BROUGHT TO YOUR COUNSELING APPOINTMENT.**

**COUNTER USE ONLY**

- Is Counselor Check List attached and signed?  Do we have all academic transcripts? COS and other if applicable.

**\*If no to any above items, return to student.**

**(Please be sure that forms are attached in order)**

**Date** \_\_\_\_\_ **Certified by** \_\_\_\_\_