



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: https://nsls.ed.gov/nsls/nsls_SA/ *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 _____