



This form is used to appeal the Financial Aid Office for an individual exception to the Satisfactory Academic Progress (SAP) policy based on unusual or extenuating circumstances.

Guidelines and expectations of the appeal process:

- You are expected to understand the COCC Satisfactory Academic Progress policy, the responsibilities and processes of this petition, and other COCC written policies and procedures pertinent to this appeal.
- You are expected to meet all financial obligations, payment deadlines, late fees, etc. (including tuition payments) pending this appeal decision.
- You can expect to have completed appeals reviewed by a committee within 1-2 weeks of receipt.
- You will receive notice of appeal decision, which will be mailed or emailed to student within 1 week following a decision.
- You should monitor their Bobcat Web Account for the appeal decision.

SECTION 1— EXPLANATION FOR FAILURE TO MEET SAP MINIMUMS (required)

Use this section to explain the unusual or extenuating circumstances that contributed to your failure to meet your GPA or completion rate requirements.

Please attach a separate, brief explanation outlining factors that contributed to my failure to meet SAP. Check any boxes that apply.

- | | |
|---|---|
| <input type="checkbox"/> Personal Illness/Medical | <input type="checkbox"/> Family-Related Illness/Medical |
| <input type="checkbox"/> Death of Close Relative | <input type="checkbox"/> Disability-Related |
| <input type="checkbox"/> Return After Absence | <input type="checkbox"/> Other: _____ |

SECTION 2— IMPLEMENTED CHANGES TO ENSURE ACADEMIC SUCCESS (required)

Use this section to explain what actions you have done or will do to ensure that you can meet SAP minimums. Attach additional sheets if necessary.

Please attached a separate, brief explanation outlining the changes implemented to ensure SAP. Check any boxes that apply.

- | | |
|--|--|
| <input type="checkbox"/> Personal Illness/Medical Recovery | <input type="checkbox"/> Family-Related Illness/Medical Recovery |
| <input type="checkbox"/> Mental Health Recovery/Grief Counseling | <input type="checkbox"/> Assistance from Disability Services |
| <input type="checkbox"/> Tutoring/Advising/Student Services | <input type="checkbox"/> Other: _____ |

SECTION 3—ATTACH DOCUMENTATION (required)

Please attach separate documentation to this appeal pertaining to my unusual or extenuating circumstances. This is NOT your explanation from section 1, unless you are returning after an extended absence.

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts will not be accepted.

Student name printed

COCC ID number

Student signature

Date

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Office use only
Notes:
Approved <input type="radio"/>
Denied <input type="radio"/>