Satisfactory Academic Progress Appeal

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

SECTION 1—STUDENT’S 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. Attach additional sheets if necessary.

☐ I have attached a separate, brief explanation outlining the factors that contributed to my failure to meet SAP. Check all boxes that apply.
  ☐ Personal Illness/Medical
  ☐ Death of Close Relative
  ☐ Return After Absence
  ☐ Family-Related Illness/Medical
  ☐ Disability-Related
  ☐ Other: ________________________________

SECTION 2—CHANGES IMPLEMENTED BY STUDENT 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.

☐ I have attached a separate, brief explanation outlining the changes implemented to ensure SAP. Check all boxes that apply.
  ☐ Personal Illness/Medical Recovery
  ☐ Mental Health Recovery/Grief Counseling
  ☐ Tutoring/Advising/Student Services
  ☐ Family-Related Illness/Medical Recovery
  ☐ Assistance from Disability Services
  ☐ Other: ________________________________

SECTION 3—ATTACH DOCUMENTATION (required, unless you are returning after an extended absence)

☐ I have attached separate documentation to this appeal pertaining to my 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 an appeal decision, which will be mailed to student within 1 week following a decision.
• You should monitor their Bobcat Web Account for the appeal decision.

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
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2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu
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Notes and Recommendations:

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