



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 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 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 documentation to this appeal pertaining to my unusual or extenuating circumstances.

**Guidelines and expectations of the appeal process:**

- Students 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.
- Students are expected to meet all financial obligations, payment deadlines, late fees, etc. (including tuition payments) pending this appeal decision.
- Students can expect to have completed appeals reviewed by a committee within 1-2 weeks of receipt.
- Students will receive notice of an appeal decision, which will be mailed to student within 1 week following a decision.
- Students 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**

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: Do not write in this space.

Approved

Limited

Denied

Incomplete

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Notes and Recommendations:

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