2018-2019 Title IV Satisfactory Academic Progress Appeal Form

STEPS TO FILE A TITLE IV APPEAL:

1. Complete Sections 1-4 of this Appeal form and submit it to the Office of Financial Services along with supporting documentation. The Appeal will only be considered if there are extenuating circumstances explaining why you have failed to meet the college's Satisfactory Academic Progress Standards. The Standards are listed on the Office of Financial Services website (www.qcc.cuny.edu/financialaid) under "Requirements for Federal Aid", and published in the college catalog.

Your appeal must be submitted within two weeks of notification that you are not meeting the Academic Progress Standards.

Processing time is approximately 10 business days.

- 2. Your appeal will be reviewed by the Satisfactory Academic Progress Appeals committee which will render a decision and send you a notification by mail of their decision. Please note that submission of this appeal form does not guarantee approval.
- 3. If your appeal is approved, you will be on financial aid probation for the semester covered by the appeal and can receive financial aid. If the committee determines that you cannot meet the SAP standards by the end of the semester, you will be placed on an Academic Plan. You will only be able to receive federal financial aid if you continue to meet the terms and conditions of your academic plan. If your appeal is denied, you are not eligible for federal student aid and will need to use alternative financial resources to pay for your education.

SECTION 1: Student informat	ion	
STUDENT NAME:		ID#:
STREET ADDRESS:		CITY:
STATE:	ZIP:	_
CAMPUS EMAIL ADDRESS* :		_
PHONE NUMBER**:		

^{*}NOTE: COMMUNICATIONS SENT VIA EMAIL WILL BE SENT TO YOUR CAMPUS EMAIL ADDRESS

^{**}PLEASE PROVIDE A VALID PHONE NUMBER WHERE WE CAN CONTACT YOU IF NECESSARY





SECTION 2: Extenuating Circumstances

Indicate the reason(s) that have caused your academic progress to be unsatisfactory and attach relevant supporting documentation, such as physician's statements, hospitalization/treatment records, accident reports, death certificates, obituary notices, notarized letters, work-related documentation etc.

Documentation of extenuating circumstances is required.

Check all that apply

Extenuating Circumstances	Required Documentation	
Personal Illness or injury	Letter from health care provider from whom you received treatment	
Death or illness of immediate family member • parent(s) • sibling(s) • etc.	 Death certificate letter from the health care provider if family member is ill 	
Personal crisis or undue hardship* • severe personal and family problems • Fire • Flood • financial problems • personal catastrophe • etc.	 Notarized letter of explanation from parent** Additional documentation required for catastrophe If student is independent, notarized letter from parent not required 	
Changes in work hours beyond your control	 Letter from manager/supervisor on company letterhead or notarized** letter from manager/supervisor If student is dependent, a notarized** letter from a parent explaining the situation 	
Involuntary call to active military duty	Military documents	
Change of curriculum or return for a second degree or certificate	Change of curriculum explanation in Section 3 of this form	

^{*} Other supporting documentation may be requested such as: Notarized letter from a parent, police reports, letters of support from counselor or therapist, etc.

^{**} A notarized letter is a typed or written correspondence to a person or organization that has been stamped by a notary.

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SECTION 3: Student's personal statement

<u>Explain in detail how the circumstances you checked in Section 2</u> affected your academic performance or contributed to your withdrawing from or not completing your classes. Make sure to address each semester that you did not meet the minimum standards. (Attach additional sheets if necessary).				

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SECTION 4: Steps for Future Academic Success

Explain the changes you have made in your personal steps you had to overcome, and any obstacles you probjectives. Attach evidence from individuals aware physician, psychologist, social worker, tutor, academ	oreviously faced that kept you from attaining you of your circumstances, if applicable (e.g. your en	ır academic
Student's signature	Date:	
**************************************	FFICE USE ONLY***********	******
Appeal Approved		
Appeal Approved with Academic Planaries Appeal Denied	an	
Comments:		
Committee Chairnerson's Signature	Drint Name Dat	