

SATISFACTORY ACADEMIC PROGRESS APPEAL 2020-2021

CF ID No.:

Legal Na	me:					
	Last		First	Middle (complete)	Jr., etc.	
Mailing A						
		Street/P.O. Box	Cit	У	State Zip Code	
Telephon	e:		Email:		_ @patriots.cf.edu	
according t demonstra	to the require te that the fa	ements of the U	eligibility at College of Central Florida as a J.S. Department of Education, you have th atisfactory academic progress was due to ex solved.	e option to submit an appeal to	the college to	
Reason fo	or Appeal: (I	Mark all that ap	oply) GPA Pace of Completion	n Rate (67%) Maximun	n Time Frame (150%)	
Deadlines	s To Have Y	our Appeal Co	onsidered: Select the semester/term that ap	plies to your appeal and educat	ional plan.	
		Select One	Semester/Term You are Appealing for Financial Aid	DEADLINE to Submit		
			Fall 2020	Fall – Dec. 4, 2020		
			Spring 2021	Spring – April 23, 2021		
			Summer 2021	Summer – July 29, 2021		
Acknowle		nd that I will be	your understanding next to the following seable to view my appeal decision on MyCF		e final with no re-appeals	
Initial	I understand that failure to provide documentation will result in denial of my appeal. I cannot submit additional documentation after my submission. Note: Statements from relatives will not be sufficient to support your appeal without additional documentation.					
Initial			responsibility, if my appeal is approved, to s, or F grades are permitted.	complete 100% of all attempte	d courses. No	
Initial	I understand that I may not change my program of study or fail to meet conditions of my approved appeal. Doing any of these may result in loss of financial aid eligibility.					
Initial	I understand that if I do not successfully complete my probationary period, any future appeals will require different documentable extenuating circumstances to be considered.					
Initial	I understar	nd that, if denie	ed, I must regain good academic standing us ferent, documentable extenuating circumsta		not be able to re-appeal	
Initial	I understand that, if denied, it is because I did not meet the requirements established by the Department of Education for an appeal to be approved and that all decisions made on appeals are final.					
Initial	I understar	nd that while m	y appeal is pending, and regardless of the o ENT DEADLINES.		Y RESPONSIBLE FOR	
Initial						

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.

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Student Nan	ne:		CF ID No.:					
Required St	eps to Create Your App	eal Packet:						
Type and si	gn a personal statement	t.						
I understand following pos		gn a personal statement on a	separate sheet of paper that clearly addresses each of the					
			ar inability to maintain Satisfactory Academic Progress. Your course of my college academic history.					
acad	Explain how these extenuating circumstances have changed and will no longer prevent you from progressing academically and provide documentation. For example, if you have had a medical issue, you must provide documentation that the issue is resolved and will not affect your success in the future.							
pre	Explain the reasons for taking ANY courses that are not required in your current program of study and how this has prevented you from graduating within the maximum number of credits (timeframe) allowed for your current program of study.							
Login to wv	vw.nslds.ed.gov and cor	nplete the following:						
• My	current total loan debt	on NSLDS is \$	·					
		rant usage is						
			lan, schedule an appointment with your Academic					
Initial			required for my indicated program of study.					
Initial I ne	eed credits/clo	ock hours to complete my prog	gram of study in					
My anticipate	ed graduation date is:	Month/Year						
Signatures	:							
veri frau	ification by the Financial A	Aid Office. In cases where subral and/or disciplinary actions in	and accurate. I understand that all documentation is subject to mitted documentation is forged, tampered with or otherwise a accordance with federal and state laws and/or college policy, as					
I au			tion, if applicable, to verify the authenticity of all healthcare-related e included in the completed appeal packet.					
Initial								
Student Sign	nature:		Date: MM/DD/YY					
Office Use	Only:							
	Approved	☐ Denied	☐ Pending More Information					
Notes:								

Office of Financial Aid and Veteran Affairs: 352-873-5801

askfinancialaid@cf.edu

Date:

Signature:

Fax: 352-873-5875

MM/DD/YY

Instructions for Submitting Your SAP Appeal:

- 1. Read all instructions.
- Fill out the form completely and sign and date the appeal.
- On a separate sheet of paper, type a statement explaining the extenuating circumstances that prevented you from achieving Satisfactory Academic Progress. Extenuating Circumstance are limited to:
 - Documented student injury or illness which is an emergency or is severe in nature over an extended period of time.
 - Death of an immediate relative (parent, sibling, child) of the student.
 - Involuntary call to active military duty.
 - Other mitigating circumstances that are not every day occurrences of life and beyond your control (lack of transportation, lack of childcare, pregnancies, divorce, evictions, job loss and financial stress are not considered mitigating circumstances and may not be sufficient within itself.)

Your typed statement must include a description of the extenuating circumstances indicating dates and time periods involved, as well as the impact on your academic performance. Also include in your statement an explanation of what has changed or is changing to allow you to meet Satisfactory Academic Progress.

- The following items must be submitted as part of the appeal. Appeals submitted without all required documentation will be regarded as incomplete and denied.
 - Typed statement with detailed explanation of extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards (see above).
 - Documentation of extenuating circumstances Failure to corroborate your circumstance will result in your appeal being denied for lack of documentation. Acceptable documentation includes, but is not limited to:
 - Death certificates/obituary, letters from doctors, counselors, advisors, etc.
 - Written statements from professionals must reference your name, diagnosis, dates of treatment and length that situation has or was occurring.
 - Include any third-party person statements on company letterhead (e.g. clergy, employers, medical professionals, etc.) who can verify your extenuating circumstances.
 - Report of incidents, accident reports, police reports, insurance damage reports, and bill(s) for services related to emergency.
 - Documentation that the issue has been resolved and will no longer affect your ability to do well in school.
- Submit the completed appeal with all supporting documentation to the College of Central Florida, Office of Financial Aid and Veteran Affairs, Bryant Student Union, Room 106, 3001 S.W. College Road, Ocala, FL 34474-4415. Appeals can also be faxed to 352-873-5875 or emailed to askfinancialaid@cf.edu.

Please note:

You will be notified of the outcome of your appeal on your MyCF portal. You will be responsible for any charges assessed to your account while you are waiting for a decision.

For more information about the College of Central Florida's Satisfactory Academic Progress Policy requirements please see www.CF.edu.

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