

SATISFACTORY ACADEMIC PROGRESS APPEAL 2021-2022

				CF ID No.:			
Legal Na			P' .	M. 111 / 1 / 1			
	Last		First	Middle (complete)		Jr., etc.	
Mailing A							
	Street/	P.O. Box	Cit	У	State	Zip Code	
Telephon	ne:		Email:		_ @patri	iots.cf.edu	
according demonstra	to the requirements	s of the U o make sa	eligibility at College of Central Florida as a s.S. Department of Education, you have the tisfactory academic progress was due to explored.	e option to submit an appeal to	the colle	ege to	
Reason fo	or Appeal: (Mark a	ll that app	oly) GPA Pace of Completion	n Rate (67%) Maximum	Time Fr	rame (150%)	
Deadlines	s To Have Your A	ppeal Co	nsidered: Select the semester/term that ap	plies to your appeal and educati	onal plan	1.	
	Selec	et One	Semester/Term You are Appealing for Financial Aid	DEADLINE to Submit			
			Fall 2021	Fall – Dec. 3, 2021			
			Spring 2022	Spring – April 22, 2022			
			Summer 2022	Summer – July 28, 2022			
Acknowle	e dgements : Read a	nd initial	your understanding next to the following s	tatements.			
	I understand that for this term.	t I will be	able to view my appeal decision on MyCF	portal and that all decisions are	final wit	th no re-appeals	
Initial	I understand that	fter my su	provide documentation will result in deni abmission. Note: Statements from relatives				
Initial		understand that it is my responsibility, if my appeal is approved, to complete 100% of all attempted courses. No 7thdrawals, Incompletes, or F grades are permitted.					
Initial			ot change my program of study or fail to m financial aid eligibility.	eet conditions of my approved	appeal. I	Doing any of	
Initial	I understand that	t if I do no	ot successfully complete my probationary pricircumstances to be considered.	period, any future appeals will re	equire dif	fferent	
Initial			d, I must regain good academic standing us erent, documentable extenuating circumsta		not be al	ole to re-appeal	
Initial			l, it is because I did not meet the requirem that all decisions made on appeals are fina	, ,	nent of F	Education for an	
Initial	I understand that	t while my	appeal is pending, and regardless of the o NT DEADLINES.		RESPO	NSIBLE FOR	
Initial							

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Student Name: CF ID No.:
Required Steps to Create Your Appeal Packet:
Type and sign a personal statement.
I understand that I must type and sign a personal statement on a separate sheet of paper that clearly addresses each of the following points:
 Explain the Extenuating Circumstances contributing to your inability to maintain Satisfactory Academic Progress. Your statement must address ALL unsuccessful courses over the course of my college academic history.
 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.
 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 studentaid.gov/ and complete the following:
My current total loan debt on NSLDS is \$
My current lifetime Pell Grant usage is out of 600%.
If you would like assistance developing an academic program plan, schedule an appointment with your Academic Advisor.
I understand that I may only register in coursework that is required for my indicated program of study.
I need credits/clock hours to complete my program of study in
My anticipated graduation date is: Month/Year
Signatures:
I certify that all information submitted in this appeal is true and accurate. I understand that all documentation is subject to verification by the Financial Aid Office. In cases where submitted documentation is forged, tampered with or otherwise fraudulent, I may face criminal and/or disciplinary actions in accordance with federal and state laws and/or college policy, as defined in the Student Conduct Code.
Initial I authorize my healthcare provider(s) or any other organization, if applicable, to verify the authenticity of all healthcare-rela
documents and other non-healthcare documents that I have included in the completed appeal packet. Initial
Student Signature: Date: MM/DD/YY
Office Use Only: Approved Denied Pending More Information
Notes:
Notes:
Signature: Date:

Office of Financial Aid and Veteran Affairs: 352-873-5801 askfinancialaid@cf.edu Fax: 352-873-5875

Instructions for Submitting Your SAP Appeal:

- 1. Read all instructions.
- 2. Fill out the form completely and sign and date the appeal.
- 3. 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.

- 4. The following items must be submitted as part of the appeal. Appeals submitted without all required documentation will be regarded as incomplete and denied.
 - a. Typed statement with detailed explanation of extenuating circumstances of why you did not meet Satisfactory Academic Progress Standards (see above).
 - b. 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.
 - c. Documentation that the issue has been resolved and will no longer affect your ability to do well in school.
- 5. 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.

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, 301 SA-FARMKPR SW

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