



CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Telephone: _____ Email: _____ @patriots.cf.edu

If you have lost Federal Financial Aid eligibility at College of Central Florida as a result of not making Satisfactory Academic Progress according to the requirements of the U.S. Department of Education, you have the option to submit an appeal to the college to demonstrate that the failure to make satisfactory academic progress was due to extenuating circumstances and, if relevant, that these circumstances have been resolved.

Reason for Appeal (mark all that apply): GPA Pace of Completion Rate (67%) Maximum Time Frame (150%)

Deadlines To Have Your Appeal Considered: Select the semester/term that applies to your appeal and educational plan.

Select One	Semester/Term You are Appealing for Financial Aid	DEADLINE to Submit
<input type="checkbox"/>	Fall 2024	Fall – Dec. 6, 2024
<input type="checkbox"/>	Spring 2025	Spring – May 2, 2025
<input type="checkbox"/>	Summer 2025	Summer – July 29, 2025

Program Completion Timeframe

I need _____ credits/clock hours to complete my program of study in _____

My anticipated graduation date is: _____
Month/Year

If you would like assistance developing an academic program plan, schedule an appointment with your Academic Advisor.

Acknowledgements

By submitting this appeal, I acknowledge that I have read and understand:

- The appeals committee may request documentation to support the circumstances noted in my appeal.
- That I will be able to view my appeal decision on MyCF portal and that all decisions are final with no re-appeals for this term.
- That it is my responsibility, if my appeal is approved, to complete 100% of all attempted courses. No Withdrawals, Incompletes, D or F grades are permitted.
- 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.
- That if I do not successfully complete my probationary period, any future appeals will require different extenuating circumstances to be considered.
- That, if denied, I must regain good academic standing using my own resources and will not be able to re-appeal the next term without different extenuating circumstances.
- 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.
- That while my appeal is pending, and regardless of the outcome, I AM PERSONALLY RESPONSIBLE FOR MEETING ALL PAYMENT DEADLINES.

Student Name: _____

CF ID No.: _____

Signature:

With my signature below, 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.

Also, I authorize my healthcare provider(s) or any other organization, if applicable, to verify the authenticity of all healthcare-related documents and other non-healthcare documents that I have included in the completed appeal packet.

Student Signature: _____

Date: _____
MM/DD/YY

Office Use Only:

Approved

Denied

Pending More Information

Notes: _____

Signature: _____

Date: _____
MM/DD/YY

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

Fax: 352-873-5875

askfinancialaid@cf.edu

Instructions for Submitting Your SAP Appeal

1. Fill out the form completely and sign and date the appeal.
2. On a separate sheet of paper, type a statement explaining the extenuating circumstances that prevented you from achieving Satisfactory Academic Progress. Extenuating circumstances include, but are not limited to:
 - Student injury or illness.
 - Death of an immediate relative of the student.
 - Involuntary call to active military duty.
 - Other mitigating circumstances.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.
 - Explain the extenuating circumstances contributing to your inability to maintain Satisfactory Academic Progress. Your statement must address all unsuccessful courses over the course of your college academic history.
 - Explain how these extenuating circumstances have changed and will no longer prevent you from progressing academically.
 - Explain the reasons for taking any courses that are not required in your current program of student and how this has prevented you from graduating within the maximum number of credits (timeframe) allowed for your current program of study.
3. In addition to the statement of explanation (see above), students may include documentation of extenuating circumstances or resolution as needed to support the appeal. Examples include:
 - Death certificates/obituary, letters from doctors, counselors, advisors, etc.
 - Written statements from professionals with your name, diagnosis, dates of treatment and length that situation has or was occurring.
 - 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.
4. Submit the completed appeal with student statement and 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.

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