

2021-2022 Satisfactory Academic Progress (SAP) Appeal Form

Name _____

Coyote ID _____

Email _____

Phone _____

1. Select which term you are appealing to receive financial aid for: Summer 2021 Fall 2021 Spring 2022
2. Select the reason(s) for your appeal (check all that apply):
 - Minimum Cumulative Grade Point Average or Two Years of Study Minimum GPA Not Met
 - Minimum Required Unit Completion/Earned Not Met
 - Maximum Time Frame or Units Allowed of Aid Eligibility for Degree Completion Exceeded
3. Attach a typed-written statement of explanation and please include your name and Coyote ID (*see instructions*).
4. Attach, if applicable, supporting documentation (*see instructions*).
5. Attach, if applicable, your signed SAP Appeal Academic Plan (*see instructions*).

Student Statements of Understanding

My signature below acknowledges the following:

- ✓ The information on this form and in any attachments is complete and accurate and I authorize the Office of Financial Aid and Scholarships to verify any information submitted.
- ✓ I understand that the submission of this appeal does not guarantee reinstatement of financial aid and that I will be responsible for any account balance should I decide to continue enrollment.
- ✓ I understand that this appeal should be submitted as soon as possible and within the term in which I wish to be considered for aid to be re-established.
- ✓ I understand the SAP Appeal review process may take a minimum of 2-3 weeks (or longer) and I am responsible for paying my tuition and fees by the designated payment deadline.

Student's Signature: _____

Date: _____

OFFICE USE ONLY

APPEAL # _____

RECOMMENDATION/ACTION:

- Approved Denied/Forwarded to Committee

- AY Summer Fall Spring

Units Earned _____ Attempted _____

CONDITIONS:

Cumulative GPA _____

- Earn all units attempted
- Earn a minimum _____ term gpa
- Follow attached SAP Appeal Academic Plan
- Complete English _____ Math _____
- Enroll in a maximum of _____ units
- Graduate by the _____ term
- Other _____

Subject to Dismissal Y N

Exceeded 180 Unit Cap? Y N

Overall Units Attempted _____

- Medical
- Illness/Injury
- Serious Personal or Family Problems
- Financial/Legal
- Military Duty
- Documentation Provided
- COVID-19 Related/Request Waiver
- Other _____

EOP Representative Signature

Date