

**Student Financial Aid Academic Progress Appeal Form
Colorado Community College System**

Printed Name

Student Identification Number

Street Address

Telephone Number

City State Zip Code

E-Mail Address

Appeal Request:

I am requesting a review for the following semester(s): _____

I understand my appeal will be reviewed upon a complete submitted signed appeal and all appropriate documentation. If my appeal is not complete, no decision will be made and/or the request will be denied. All appeal decision notifications will be mailed to the address above.

Reason for Appeal: *(Please check all reasons that apply to your disqualification of financial aid eligibility)*

1. _____ While on probation I achieved a cumulative grade point average (GPA) below 2.0., or I completed less than 67% of my attempted hours.
2. _____ I have attempted more than 150% of the total program hours needed to complete my currently declared degree and/or certificate.

Appeal Explanation:

Your appeal must be in the form of a written letter that discusses the reason you wish to appeal. Your appeal must include the following:

If you checked # 1

- Discuss the circumstances that prevented you from meeting the Standards of Satisfactory Academic Progress.
- Discuss what has changed in your situation so that you can now succeed.
- Attach additional documentation for extenuating circumstances such as:
 - Birth/death certificates, obituaries, funeral programs
 - Medical records that corroborate illness and length of recuperation
 - Court documents
 - Statements from physicians, counselors

If you checked # 2

- Explain why you have attempted more than 150% of your degree and/or certificate requirements and need additional hours to complete the degree and/or certificate.

Student Signature

Date

For Office Use Only:

Review Date _____

Appeal Denied **Y** or **N**

Incomplete **Y** or **N**

Appeal Approved on Probation **Y** or **N**

Meas Prog Max Hours Approved _____

Comments: _____

Signature(s) _____

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