Satisfactory Academic Progress Appeal

Name: ___________________________ CWID: ___________________________

Phone: __________________________ Email: ___________________________

(Required)

Instructions for Preparing Appeal

1. In a TYPED and SIGNED letter...
   a. Explain the extenuating circumstances that relate to your poor academic performance.
   b. Include the steps you have taken or will take, personally and academically, to prevent these circumstances from hindering your academic performance in the future.

2. DOCUMENTATION is required for all appeals and the documentation should support the explanation in the written appeal. For example; medical or other legal documents, counselors, attorneys or doctors, or other objective persons who are knowledgeable about your circumstances.

Other Appeals: If you are submitting any other appeals to Collin for the same documented reason, please include information about that appeal in your letter.

Classification of Appeal

☐ Serious personal illness documented by a doctor
☐ Serious personal illness of an immediate family member
☐ Other rare, extenuating circumstances

Appeal Review

All financial aid appeals will be reviewed by the Financial Aid Appeals Committee as established by Collin College. Students will be notified of the appeal decision via Cougar Web. An appeal that does not meet the requirements per the SAP policy will automatically be denied. All charges and payment for charges are the responsibility of the student while the appeal is being reviewed.

• Appeal Approval – Student must agree to their academic plan through the Financial Aid portion of Cougar web.
• Appeal Denial – The decision of the appeals committee is final. If your Appeal is denied you may attend at your own expense, provided you are eligible per all other College policies and requirements. You may regain your financial aid eligibility when you meet SAP requirements.

Student Agreement

I certify that the attached statement and document(s) are true and accurate. I understand that Collin College has established the Financial Aid Appeals Committee and that the committee has the final determination on my appeal. I understand that I am responsible for any charges and payment deadlines while my appeal is being reviewed. I hereby give authorization for the attached documentation to be verified.

Student Signature __________________________ Date __________________________

SCC – P: (972)881-5760
PRC – P: (972)377-1760
CPC – P: (972)548-6760