



Chief Dull Knife College
Office of Financial Aid

Date Received:

Satisfactory Academic Progress (SAP) Appeal Form for Financial Aid

FULL NAME: _____ STUDENT ID #: _____

CURRENT MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ Email: _____

I am requesting this Appeal for the following semester: Fall _____ Spring _____ Summer _____

Federal regulations authorize the Financial Aid office to consider appeals of denied aid eligibility in cases where you have incurred circumstances such as a death of a close family member, serious illness or injury to yourself, or other serious extenuating circumstances that significantly contributed to your failure to meet the minimum GPA and/or course completion standards.

I am not meeting the minimum Satisfactory Academic Progress (SAP) Policy Guidelines and wish to appeal for reinstatement of my financial aid eligibility. I understand that I am required to submit the appeal form and all required appeal documents.

Please attach the letter notifying you of your SAP status to this form when you submit it to the Financial Aid Office.

SATISFACTORY ACADEMIC PROGRESS (SAP) Extenuating Circumstances and Documentation

Extenuating Circumstance	Recommended Documentation
Extenuating Circumstance should have occurred within the semester that caused the student to fail SAP	Submit at least one type of documentation
Work Related: Working full-time before semester began and required to be at work (no work release)	<ul style="list-style-type: none">Letter from employer stating the requirement
Medical Condition: Serious illness, dental emergency, change in health status, surgery, hospitalization or mental health issue	<ul style="list-style-type: none">Letter from health care provider/or other licensed professional with advised period of recovery, dates of office visits.
Student's Immediate Family: Child or parent medical condition (if parent, student needs to provide documentation that he/she was required to care for parent)	<ul style="list-style-type: none">Records from daycare/school that child was required to be kept homeRecords from doctor visitsLetter stating doctor advised period of recoveryHospitalization records
Unexpected Daycare Closure	<ul style="list-style-type: none">Letter from daycare provider
Death of Family Member or Friend	<ul style="list-style-type: none">Obituary or death certificateLetter from counselor Documentation should include date and indicate relationship to the deceased
Housing Issues	<ul style="list-style-type: none">Eviction noticeLetter from transitional housing program
Family Issues	<ul style="list-style-type: none">Letter from therapist or other licensed professionalLetter from clergyOther
Assault or Domestic Violence	<ul style="list-style-type: none">Police ReportCourt DocumentationLetter from clergy, social worker, licensed professional/doctor

STUDENT FULL NAME: _____

STUDENT ID #: _____

Explain in detail below why you are not currently meeting the minimum SAP standards. Provide additional supporting documentation for your extenuating circumstance(s). Please use additional paper if needed.

What changes have you made to ensure that you will be able to meet the SAP standards going forward? Please use additional paper if needed.

REINSTATEMENT OF AID

Financial aid will notify you of the decision by mail to your mailing address included on the application. If your appeal was approved your financial aid is reinstated for the current semester only. Eligibility is not retroactive to prior semester. **All decision of the SAP Appeal Committee are final and not subject to further appeal.**

Student Statement of Understanding

My signature below acknowledges the following statements:

- The information on this form and in any attachments is complete and accurate, it also authorizes the designated department to verify any information submitted.
- The appeal will be reviewed by the SAP Appeal Committee and all decisions made are final.
- I understand the SAP Appeal review process may take a minimum of two weeks.
- I understand that CDKC's Financial Aid office may deny without question any SAP appeal that is incomplete or lacks documentation.

STUDENT SIGNATURE (REQUIRED)

DATE

SAP Committee Reviewed on: _____

Office Use Only

☐ Appeal Approved

☐ Appeal Denied

Letter sent to student indicating decision on: _____