2011-2012 Satisfactory Academic Progress Appeal

*Name: ____________________________  *Date: ____________________________

Last name: ____________________________  First name: ____________________________

*Address: ____________________________  *Phone no.: ____________________________

*City, State & Zip: ____________________________  *SBCC ID No.: K00

INSTRUCTIONS

5 Steps to Submit Your Appeal

1. File 2011-2012 FAFSA (www.fafsa.gov)
2. Register for classes in the semester for which you are appealing
3. Complete and sign Appeal Form
4. Attach a typed statement of explanation to Appeal (See below)
5. Attach a current SEP to Appeal (see below)

~Submit your Appeal by mail, fax or drop off in person~

*Term for which you are appealing: (check only one)

   ___ Fall 2011
   (Fall Appeal deadline Oct. 28, 2011)

   ___ Spring 2012
   (Spring Appeal deadline Mar. 30, 2012)

   ___ Summer 2012
   (Summer Appeal deadline July 3, 2012)

*Reason you are appealing: (check all that apply)

   ___ Did not maintain minimum semester Grade Point Average of 2.0
   ___ Did not complete minimum number of units for the semester
   ___ Not meeting “pace of progression” towards your degree/certificate
   ___ Reached or exceeded maximum number of units allowed for educational goal

*Statement -- Attach a typed statement which explains the following:

A. What circumstances beyond your control prevented you from meeting the standard(s) checked above, e.g., student’s illness or medical issues, family emergency, long break in attending college, or other documented extenuating circumstances
B. How the situation has changed or been resolved
C. Your plan for success for the semester checked above
D. If you exceeded the maximum time allowed for your educational goal, explain why you need more time to complete your goal, and how much longer you need

*Required Information
*Student Educational Plan -- Attach a current Student Educational Plan (SEP)

A. **Most Students:** Contact the Financial Aid Office to schedule an appointment with Eli Villanueva, Academic Counselor, (805) 730-5157, or e-mail villanue@sbcc.edu.

B. **HIT/CIM/Medical Coding Students:** “Prepare a Student Educational Plan” at [http://www.sbcc.edu/hit/hitcimacademicplanning.php](http://www.sbcc.edu/hit/hitcimacademicplanning.php). After Gwyer Shuyler approves the SEP, attach it to the Appeal and submit to Financial Aid Office.

C. **EOPS/CARE Students:** Contact EOPS/CARE Office at (805) 965-0581 ext. 2279 for a Counseling appointment, or to request a copy of your current SEP.

D. **Student Athletes:** Contact Scott Brewer, Academic Counselor at (805) 637-688, or JoAnn Graham, Academic Counselor at (805) 965-0581 ext. 4741, to request an SEP.

*Student Certification*

I hereby certify that all information provided on this form, and all attachments, is true, complete and accurate.

Signature__________________________________________ Date_____________________

Student ID No. K00__________________________

*Required information*

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Date ___________________________________ FAO ___________________________________