

Maximum Timeframe Satisfactory Academic Progress (SAP) Appeal

_____	_____	_____
Last Name	First Name	Student ID#
(____) _____ - _____	_____	_____
Phone Number		Date of Birth

This is my first appeal _____ -OR- I have previously appealed a suspension (semester/year) _____

You may appeal for reinstatement of financial aid only if there were extenuating circumstances which led to your academic difficulties. Extenuating circumstances are those over which the student has no control over and may include death in the student’s immediate family, hospitalization, accidents, and illness. Please read over the entire appeal form carefully, failure to provide the requested information will result in a denial of this appeal due to a lack of sufficient information.

Include the following in your appeal:

- A detailed typed and signed statement explaining your extenuating circumstances along with third party documentation verifying your claim.
 - Things to consider:
 - You must address each semester that you have attended, failed, and/or withdrew.
 - Dates on documentation and statements *must* align with the dates that you were enrolled at CSI to which you did not meet SAP requirements.
 - Address what changes have occurred that will enable you to now meet SAP requirements.
 - Include copies of third-party verification of your circumstance or condition.
 - Ex: doctor’s note (with dates of treatment), legal documentation, medical documentation, death notice (or) death certificate, etc.

The Director of Financial Aid will review your claim and documentation to determine if your extenuating circumstances have merit. To help process your appeal, please tell us more about your academic plans by answering the following three questions. Please attach a separate sheet of paper if you need more room.

1. What is your current degree or certificate objective?
2. What is your anticipated graduation date?
3. After you complete your current degree or certificate, what are your career goals?

If it is determined that your extenuating circumstances and/or documentation is invalid your appeal will be denied. If your SAP appeal is denied you will be responsible for paying in full or making payment arrangements with Enrollment Services in Eagle Central.

I _____, acknowledge that it is my responsibility to be aware of all the CSI deadlines. I am responsible for making tuition payment arrangements in full, on time, regardless of financial aid or this appeal form. Failure to pay my tuition and/or fees may result in additional fees as well as my classes being dropped. I am responsible for any late fees or charges I incur because of not paying my tuition in-full or on-time.

Student Signature: _____ Date _____