Cuyahoga Community College
Student Financial Assistance Office

2009-10
SAPA10/50/80
Staff Initials_____
Decision_____
Letter Sent_____

SATISFACTORY ACADEMIC PROGRESS APPEAL: MAXIMUM CREDIT LIMIT

Student "My Tri-C" ID number: S☐☐☐☐☐☐☐☐☐

Student **LAST** name (one letter or dash or space per box) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Student **FIRST** name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

During which term are you submitting this appeal? (check one box only): ☐ Summer ☐ Fall ☐ Spring

Degree/Certificate sought: ☐ Associate Degree ☐ Certificate Anticipated Graduation Date (month/year): _____

Academic Program Name ("Major"): _____

All the information included is true and complete to the best of my knowledge. I have provided documentation that proves the statements and information I have submitted.

Student Signature: _____ Date: _____

Purpose of Appeal:
You can use this appeal to ask that you be allowed to receive aid after attempting 93 credits. Federal financial aid regulations allow students to receive federal aid for up to 150% (93 credits) of the credits required to complete their associate degree.

Requirements of Appeal:
1. Attach to this form a brief statement explaining why you are not able to complete your program within 93 credits.
2. Mark each box below that applies to your situation:
☐ New Major ☐ Transfer Credits ☐ Changed School ☐ Remedial Course or ESL ☐ Other (attach statement)
3. List each remaining course required to complete your program and the terms in which you will take the course(s).
Obtain the assistance of a counselor, who must also sign this form.

Course Number & Title	**Term and Year**	**Credits**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If you are a student in a limited enrollment program such as Nursing, Dental, or Respiratory Care, attach your acceptance letter from the department.
5. Expected graduation date: end of _____ (term) _____ (year) ***Please attach a DARS audit.***
6. Total credits needed _____ (including registration for current term, if applicable)

Your counselor must sign this form. The counselor's signature indicates that you were seen by a counselor during an appointment to review your academic plan toward graduation or transfer.

Counselor's Signature: _____ Date: _____

Counselor's Printed Name: _____ Office phone extension: _____

Return the completed form to the Student Financial Assistance Office.

EASTERN CAMPUS
Student Services 1600
1-800-954-8742
FAX 216-987-2411

METROPOLITAN CAMPUS
Student Services 209
1-800-954-8742
FAX 216-987-4130

WESTERN CAMPUS
Student Services 224
1-800-954-8742
FAX 216-987-5141