



## Solano Community College – Financial Aid Office

### **2012-2013** Satisfactory Academic Progress Appeal

**\*\* Note:** Satisfactory Academic Progress Appeals will only be accepted from students who have experienced extenuating, documented circumstances for example: student's illness or medical issues, family death or emergency.

Last Name:	First Name:	Date:
Address:		Phone Number:
City, State & Zip:		SCCID#

#### INSTRUCTIONS

##### **4 Steps to Submit Your Appeal**

1. Register for classes in the semester for which you are appealing
2. Complete and sign appeal form
3. Attach a typed statement of explanation (see below\*). Also attach documentation to support your statement of explanation
4. Attach a current Student Educational Plan (SEP) reflecting the 2012 -13 academic year

#### INFORMATION

- A. Students may be granted only one appeal approval at SCC (effective for the 11-12 year)
- B. SCC allows for only two changes in major
- C. Incomplete appeals will be returned, delaying response time
- D. Allow 8 weeks for review and response
- E. An appeal notification will be mailed to you once a decision has been made
- F. Submission of an appeal does not guarantee approval – plan ahead for alternative ways to fund your education should your appeal be denied

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**Term for which you are appealing:** (check only one)  
\_\_\_\_\_ Fall 2012      \_\_\_\_\_ Spring 2013      \_\_\_\_\_ Summer 2013

**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, therefore did not meet the "Pace of Progression" standard (completed units / attempted units = 67% or better)
- \_\_\_\_\_ 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. For example : student's illness or medical issues, family death or emergency, or other special circumstance (**documentation must be attached**)
- B. How this situation has changed or been resolved
- C. Your plan for success during 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



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**Certification:**

I certify that the information on this form is true and correct to the best of my knowledge. I understand that if the information I have provided is incomplete or false, Financial Aid could be delayed or denied. I have read and understand the Financial Aid Progress Policy. I authorize the Financial Aid Office to contact my instructors, other college departments, and/or related agencies to exchange information concerning my financial aid eligibility and/or academic progress.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

**Submit ALL FORMS AND DOCUMENTS TOGETHER to:**

Solano Community College  
Financial Aid Office  
4000 Suisun Valley Road, Student Services Building, Room 425  
Fairfield, CA 94534-3197

**You may submit your Appeal packet by mail, in-person, or through our drop-box**

**FOR OFFICE USE ONLY:**

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Approved (\_\_\_\_) Denied (\_\_\_\_)      FAO: \_\_\_\_\_      Date: \_\_\_\_\_