



Solano Community College – Financial Aid Office

2016-2017 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

6 Steps to Submit Your Appeal

1. Register for classes in the semester for which you are appealing.
2. Complete and sign appeal form.
3. A **signed**, typed statement of explanation (see below*) **must** be attached.
4. **Documentation to support your statement of explanation must be attached.**
5. A complete (4 semesters) Student Educational Plan (SEP) reflecting the 2016-2017 academic year **must** be attached.
6. An NSLDS print out of your financial aid history **must** be attached.
Go to: www.NSLDS.ed.gov

INFORMATION

- A. Students may be granted only one appeal approval at SCC.
- B. SCC allows for only two changes in major.
- C. Incomplete appeals and/or missing documentation or SEP will delay response time and/or may result in a denied appeal.
- D. Allow 10 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.
- G. Your financial aid packet must be reviewed and processed by the Financial Aid Office prior to submitting your appeal.**

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

Fall 2016 Spring 2017 Summer 2017 (Maximum Timeframe Appeals Only)

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 **signed, 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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Deadline(s) for submitting an Appeal:

Deadline for **Fall 2016:** **October 28, 2016 @ 12pm**

Deadline for **Spring 2017:** **March 24, 2017 @ 12pm**

Certification:

Please read, initial and sign below. Your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments are true, complete, and accurate.

- _____ I understand I may be granted only one appeal approval at SCC.
- _____ I understand that if my appeal for reinstatement is APPROVED, I will be placed on Financial Aid Probation.
- _____ I understand that while on Financial Aid Probation, I will be REQUIRED to follow my approved Student Education Plan which was submitted with my appeal.
- _____ I understand that failure to follow my approved Student Education Plan will result in immediate dismissal from financial aid.
- _____ I understand that there are NO REINSTATEMENTS after dismissal from probation.
- _____ I understand that I am permitted to appeal for only two changes in major.
- _____ I understand that ALL required documentation must be attached.
- _____ I understand that ALL prior college transcripts may be required to be submitted for evaluation appeal.
- _____ I understand that submission of an appeal does not guarantee approval – I must plan ahead for alternative ways to fund my education should my appeal be denied.
- _____ I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.
- _____ I understand that my financial aid packet must be reviewed and completed before submitting my appeal.

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 Satisfactory Academic Progress Policy (Can be viewed at: www.solano.edu/financial_aid/ (Academic Progress)). 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

Attn: Mailed/Drop Box or Faxed copies will not be accepted. Originals must be submitted in person. You may submit your Appeal packet in person at the Fairfield Campus or at one of the Centers, Vacaville, Vallejo or Travis AFB, provided all required documents are attached.

Submit ALL FORMS AND DOCUMENTS TOGETHER at one of the following locations:

Fairfield Campus
 Financial Aid Office
 4000 Suisun Valley Road
 Fairfield, CA 94534

Vacaville Center
 2001 North Village Parkway
 Vacaville, CA 95688

Vallejo Center
 545 Columbus Parkway
 Vallejo, CA 94591

Travis AFB Center
 530 Hickam Ave., Bldg. 249
 Travis AFB, CA 94535