



Office of Financial Aid
 Waycross Campus (912) 287-6584
 Jesup (912) 427-5800
 Alma (912) 632-0951
 Camden (912) 510-3327
 Hazlehurst (912) 379-0041
 Baxley (912) 367-1700
 Golden Isles (912) 262-4999
 Website: www.coastalpin.es.edu

**Appeal of Financial
 Aid Suspension**
 Form: **APPSAP**
 Aid Year: 2019-2020

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

Enter Student Name	Enter Student ID		
Student Name	Student ID #		
Enter Mailing Address	Enter City, State, Zip		
Mailing Address	City, State, Zip		
Enter Student Email	Enter Phone Number		
CPTC Student Email Address	Home Phone	Work Phone	Cell Phone

Enter Last Term Enrolled	Semester Requesting Reinstatement (circle one)
Last Term Enrolled	Fall 2019 Spring 2020 Summer 2020

** As a condition of receiving financial assistance from CPTC, you are required to meet Satisfactory Academic Progress standards. You may appeal a suspension from financial aid eligibility if there are extenuating circumstances. During the appeal process, you must be prepared to pay your own expenses such as tuition, fees, books, supplies, etc. on or before all published fee payment deadlines or your classes will be canceled. The Office of Financial Aid will not guarantee, nor authorize any charges, pending an appeal outcome. Incomplete appeals will result in automatic denial and the student having to wait until the next semester to submit a new appeal.

**Your appeal request must be received before the beginning of the Semester in which you wish to enroll!
 A copy of your Academic Transcript (available in your BannerWeb Account) MUST BE ATTACHED!!**

PLEASE INDICATE REASON FOR APPEAL:

What specific issue or situation caused you to fail to meet the standards of Satisfactory Academic Progress?

Serious injury or illness requiring extended recovery time*

Medical: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.

Death or serious illness of an immediate family member*

Death: If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.

Military Service*

Military Service: If you were withdrawn due to military service, provide documentation.

Other: _____ *

Other Circumstances: Please state the extenuating circumstance (not listed above) and provide appropriate documentation.

Documentation must be attached

Student Signature: _____ **Date:** _____

(Office of Financial Aid Use Only)	
Why was the student placed on Financial Aid Suspension? <input type="checkbox"/> GPA Below 2.0 <input type="checkbox"/> Completion Percentage below 67% <input type="checkbox"/> Exceeded 150% of program hours	Appeal Decision <input type="checkbox"/> Appeal Approved <input type="checkbox"/> Appeal Denied
Director of Financial Aid or Representative's Signature _____	Date _____
Date Notification Sent to Student: _____	
Comments, recommendations and/or instructions: _____	

Educational Plan for Success

Student Name: _____ **Student ID:** _____

Program of Study: _____ **Certificate** ____ **Diploma** ____ **Degree** ____

Educational Plan for Success:

In an effort for you to plan, strategize and gain knowledge to optimize your chances of succeeding as a student, a full account of how you plan to meet your educational goals should be established. Do not leave any blanks and N/A is not accepted. *Not completing this form in its entirety could delay the appeal process.*

1. What is the minimum GPA in your program of study? _____
2. What is your current GPA? _____
3. What is your current completion rate (passing hours ÷ attempted hours)? _____
4. What grades do you feel you need to make Satisfactory Academic Progress? _____
5. List at least three measurable steps you will use to prepare for, review and pass your classes using academic strategies?
(Example: I will read and consult the syllabus or I will contact support services for help with study skills)
 - a. _____
 - b. _____
 - c. _____
6. How often should you see your advisor? _____

NOTE to ADVISORS: You should not sign this form until the student has completed the form in its entirety. Please be aware that it is important for a student who has an active SAP Educational Plan to only take as many hours as they can complete successfully. Students often request to be full-time (12 or more hours) in order to receive their full PELL funds, but that may not be advisable given their SAP situation. While you cannot stop a student from registering for additional hours, you can explain the possible ramifications and discuss a plan of success for the student. This discussion should include the student’s commitment as well as the advisors commitment to the student’s success.

Advisors Printed Name: _____

Advisors Signature: _____

Advisors please list your required recommendations to ensure the students success:

Below are the following guidelines that **MUST** be followed while on the Educational Plan for Success.

1. Take coursework that is applicable to your degree, diploma or certificate program.
2. Complete all attempted coursework with a “C” or higher, receiving an “I”, “W”, “WF”, or “WP” will be considered as lower than a “C”.
3. Any additional requirements established by the Satisfactory Academic Progress review committee.

If you fail to meet these guidelines, you will not be eligible for financial aid until you can maintain the standards of Coastal Pines Technical college Satisfactory Academic progress Policy:

By signing below you agree with the guidelines established by the Educational Plan of Success.

Student Signature: _____ **Date:** _____