

Student Information

<u>Merritt</u>	<u>Jermaine</u>	<u>W.</u>	<u>384517</u>
Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
<u>7014 Steele View Court</u>			<u>JBourne1@email.cpcc.edu</u>
Student's Street Address (include apt. no.)			
<u>Waxha</u>	<u>NC</u>	<u>2817</u>	<u>980-297-4098</u>
City	State	Zip Code	Student's Telephone # (include area code)

Warning: If you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to five years or both according to the U.S. Department of Education.

It has been determined that you are not making satisfactory academic progress toward graduation. Your cumulative grade point average and the percentage of credit hours completed with a passing grade divided by the total credit hours attempted define satisfactory academic progress. Federal and state regulations require students to comply with Standards of Academic Progress as defined by the Office of Financial Aid. Students who fail to meet the minimum standards lose their eligibility to receive federal and state aid. Federal regulations also allow the Office of Financial Aid to extend eligibility to students who fail to meet minimum standards if they can document there were extenuating circumstances, meaning circumstances **beyond their control**, which caused them to perform below standards.

Documentation must be submitted with your appeal to support your statement.

Examples of extenuating circumstances include but are not limited to medical conditions resulting in hospitalization for more than 14 days, loss of an immediate family member, loss of home due to fire, storm or natural disaster, illness of student or immediate family member, severe emotional difficulties, death in the family, and loss of employment. The extenuating circumstance(s) must have occurred **during the term** you received failing grades and/or withdrew from classes.

Please see a partial list (below) of common scenarios which would not be considered an extenuating circumstance for purposes of appealing the suspension of financial aid:

- Typical adjustments to college life such as working while attending school and financial issues related to paying bills and car maintenance, travel to and from campus.
- Appeals based solely on financial and/or emotional needs without sufficient explanation or documentation.
- Work, since financial aid is viewed as a supplement to a student's income to help reduce the number of hours the average student would have to work in any given week.
- Childcare, since this would have been an issue if you worked before you enrolled in classes.

It is the responsibility of the student to successfully complete all classes for which they have enrolled. Students on financial aid suspension should not depend on financial aid to pay for costs of registration but should be prepared to pay these costs from their own resources pending the outcome of their financial aid appeal.

Appeals submitted without proper documentation will be DENIED.
Incomplete forms will not be reviewed.

Writing Your Appeal

Submit your appeal as soon as possible once you become aware of your status change. The appeal should explain in detail the reason(s) for not meeting the standards of satisfactory academic progress, such as an extenuating circumstance under which you had no control and which you can document. Your statement for your appeal should consist of two parts:

1. **In Part I (CAUSE), explain what extenuating circumstance(s) prevented you from making satisfactory academic progress. Provide relevant dates and supporting documents from appropriate third parties, such as an academic advisor, instructor, doctor, counselor, clergy, etc.**
2. **In Part II (YOUR SOLUTION), clearly explain how the problem has been resolved and how you intend to meet progress standards in the future.**

APPEAL CATEGORIES

Mark the box which most closely represents the reason for your appeal. Include a detailed, personal statement (see p. 4) explaining the circumstances of your appeal and attach copies of supporting documentation or letters.

- ☐ **Death of an immediate family member** (immediate family member is a grandparent, parent, child, spouse, brother, or sister). Other relatives such as uncles, aunts and cousins are not immediate family members.

Part I. (Cause): Explain how their death affected your academic performance. Was this an unexpected death? Did their death occur during the semester you became deficient? What role did you play in their care? Were you the primary caregiver for this person and what was the reason you chose to be the caregiver?

Part II. (Your Solution): Please explain what you have done to resolve the problem that prevented you from successfully completing your required hours. Did you seek counseling to deal with the death? Did you try to make up the deficiencies after this death? What steps have you taken to ensure you will complete the upcoming semester.

Part III. (Documentation): Provide a photocopy of the death certificate, obituary notice, or letter from the funeral home. Include in your statement the deceased's name and their relationship to you.

- ☐ **Illness or injury.** You, your spouse, or your dependent children were injured or ill for an extended period of time. Include what date(s) the injury or illness occurred in relationship to your enrollment.

Part I. (Cause): Who was ill or injured? How long was this person ill or injured? What were the restrictions, if any? Why was this person (if this person was not you) unable to care for him/herself while you attended classes? Provide names of the people and their relationship to you who were ill or injured.

Part II. (Your Solution): What steps have you taken in case another illness or injury occurs to ensure you will be able to attend your classes and meet your academic obligations for the semester? Explain in detail.

Part III. (Documentation): Provide a statement from healthcare provider detailing medical condition that impaired academic performance. Attach medical bills, medical records. The statement should specifically address the following:

- Student's limiting medical condition and timeframe for which condition existed.
- How the condition may have impaired academic performance.
- The student has rehabilitated to such an extent that the medical condition should not significantly impair future academic performance.

- ☐ **Other extenuating circumstances.** You experienced an unusual situation over which you had no control. This unusual situation is not one of the categories above. Automobile accident, marital conflicts, or withdrawal due to military service are examples of other extenuating circumstances.

2024-2025 Satisfactory Academic Progress (SAP) Appeal

Part I. (Cause): Explain the situation and how it affected your studies. Include in your statement what actions you took to successfully complete the classes (i.e., did you seek tutoring? Why did you withdraw from or fail the class?) When did you decide to withdraw from the class, or you would fail the class?

Part II (Your Solution): Describe your plan of action. What steps have you taken to solve your problems? Do you now have reliable transportation? Have you sought marital counseling or resolved problems?

Part III (Documentation): Attach supporting documents such as an accident report, copies of car repair receipts or a letter from a professor or marriage counselor or divorce attorney. If you were called for military service, provide a copy of your orders. If you were a victim of a crime, provide a copy of police reports of the incident.

Completing your appeal

Please indicate the semester and year you are appealing to have your financial aid reinstated:

☐ **Fall** 2025

☐ **Spring** _____

☐ **Summer** _____

Use additional paper, if needed, when answering questions.

- Have you previously submitted an appeal? Yes _____ No X
- If yes, was your previous appeal approved or denied? Approved _____ Denied _____
- If you previously submitted an appeal, please give a brief statement explaining why you are submitting your current appeal.

Please list all semesters at CPCC in which you experienced academic problems (INCLUDING semesters when you did not receive Financial Aid).

Semesters with grades F, W, I, R	Reason for unsuccessful semester
Summer 2013 . 2013 Fall	Health Issues _____
Fall	Health Issues _____
Spring 2015. 2015 Fall	Health Issues _____
Spring 2016	Health _____

Include a Detailed Personal Statement (refer to page 2 for details). Attach additional pages if needed.

Part I. (Cause):

Explain the extenuating circumstances you experienced during the semesters that you did not successfully complete your classes.

_My academic record from the summer and fall of 2013, the fall of 2014, the spring of
_2015, the fall of
_2015 and the spring of 2016 reflect a period of academic difficulty, including failed
_classes and course
_withdrawals. These challenges were directly due to significant medical issues,
_specifically congestive
_heart failure. Major depression and anxiety severely impact my ability to focus on my
_studies.
_After withdrawing from my studies, I took a ten-year hiatus to prioritize my health and
_recovery. I am
_Please report that I have successfully managed my medical conditions and have
_returned to my
_academic pursuits with renewed dedication. Upon my return in the spring semester of
_2025, I achieved a
_.3.2 GPA, and in the summer of 2025, I earned a place on the Dean's list with an

Part II. (Your Solution):

- **Describe the changes you have made which will now enable you to meet the satisfactory academic progress requirements in your next term of enrollment.**

_To ensure satisfactory academic progress in my upcoming term, I have
_implemented several key
_changes aimed at improving my focus, well-being, and study habits. These changes
_are designed to
_address the factors that previously hindered my academic performance, allowing
_me to achieve better
_results. A crucial part of my new strategy involves diligently adhering to my
_medication schedule. This
_will help manage my health more effectively, leading to improved concentration and
_cognitive function
_necessary for academic success. Furthermore, I am committed to attending my
_scheduled six-month

APPEAL DEADLINES

This form, your personal statement, the GetSAP congratulations page and supporting documentation should be submitted as soon as possible after becoming aware of your Satisfactory Academic Progress (SAP) suspension. Your classes will not be held if appeals are submitted and/or approved after your payment due date. Your classes may drop for non-payment if you do not pay for your classes out of pocket and a payment deadline passes. If this occurs, you will be responsible for re-registering for available classes.

Educational Plan

Student's intent/goal (select one):

☒ AS/AA degree ☐ AAS degree ☐ Certificate Program Code 12/16/20
Name of Program: Associate of Anticipated date of graduation: _____

Please record the classes you intend to take for the next four semesters or until your expected graduation date. If you graduate within four semesters, use your "My Progress" (from your "MyCollege" account) to assist you in completing this section.

Semester/Year: Fall /2025

Course Name	Cr. Hrs.
Acc12 Prin of Managerial	4
1 Art Appreciation	3
Total	7

Semester/Year: Fall /2025

Course Name	Cr. Hrs.
Intro to	3
Total	3

Semester/Year: Fall /2025

Course Name	Cr. Hrs.
Mat12 Statistical Methods 1	4
Total	4

Semester/Year: _____ /20____

Course Name	Cr. Hrs.
Brief Calculus	4
Total	4

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to complete 100% of the courses for which I register, receiving only A, B, or C grades (no D's, F's, I's, R's or W's). I am aware my appeal will not be reviewed until the current semester's grades have been evaluated. Furthermore, I have read CPCC's Financial Aid Standards for Satisfactory Academic Progress. Students will be notified of the committee's decision. All decisions are final.

By initialing each item, you are indicating that you understand and agree to abide by the following conditions of the appeal if approved.

 JW I must receive only A, B, or C grades for each semester of approval.

 JW I must maintain a 100% completion rate for each semester of approval.

 JW I understand that I will only receive financial aid for the number of semesters approved.

 JW If my financial aid appeal is denied, I will need to re-establish progress by taking courses in my program of study until I have earned a 2.0 cumulative GPA and a cumulative completion rate of 67%. You will be responsible for making the appropriate financial arrangements to pay for tuition and fees. You must personally pay for each period of enrollment until the minimum cumulative GPA and pace requirements are met.

After your appeal has been reviewed by the Office of Financial Aid, you will receive an email notification of the outcome in approximately two weeks. If your appeal is approved, you will be reconsidered for student aid sources. At the end of your semester on financial aid probation you must be meeting the financial aid SAP standards or, if applicable to your situation, meeting the requirements of an academic plan. If your appeal is denied, you can restore eligibility by enrolling at your own expense until you achieve the minimum financial aid SAP standards, a 2.0 cumulative GPA and a 67% cumulative pass rate. Appeals must be submitted promptly to provide adequate time for review and processing. If an appeal is received after a semester has ended, you will not be eligible for any Title IV aid in the semester that has ended, even if the appeal is later approved.

Certification and Signature

A physical signature is required on this document. Digital signatures will not be accepted and may result in the request being denied. By signing this form, you are certifying that all information and supporting documentation provided is factual and complete. This also acknowledges that you understand and accept the above terms regarding both approved and denied financial aid appeals.

Student signature:

Date:

Circumstance(s)	Examples of Supporting Documentation
The student's own mental or physical illness, injury, or disability	Letter from a licensed health care provider on the health care provider's letterhead
Death of an immediate family member	Copy of an obituary or death certificate
Illness, accident, or injury of an immediate family member	Third party documents, such as physician's statement, police report, hospital billing statement
The student's own divorce or separation or the divorce or separation of the student's parent(s)	Attorney's letter on law firm's letterhead or petition for dissolution or copy of divorce decree
Employment Changes	Termination letter; employer letter explaining schedule changes
Change of program / Addition of program	Detailed statement of reason why there was a change of program and /or copy of your "My Progress" plan from "MyCollege"
Other	Requires supporting third-party documentation.