

COMPLETE AND RETURN TO:

4500 Steilacoom Blvd. SW Bldg 17, Room 130 Lakewood, WA 98499-4004

School Code: 015984

253.589.5660 office 253.589.5618 fax

STUDENT AID & SCHOLARSHIPS

Satisfactory Academic Progress Suspension Appeal

You have been suspended from financial aid because you did not successfully complete the required number of credits and/or your GPA did not meet requirements. If you feel that this was the result of unusual circumstances beyond your control, you may appeal your suspension status. Some examples of unusual circumstances may include, but are not limited to: death in immediate family, hospitalization/serious illness which required doctor's care, or disasters.

If you had a previous appeal approved, any subsequent appeal(s) will be held to a higher standard and will be subject to tighter scrutiny.

- **Appeals with no supporting documentation will be denied.**
- **Attend your classes until a determination has been made.**
- **If you owe a repayment of financial aid, you will remain on suspension until it is paid in full. **

Directions: Please read carefully!

- 1) Reason for Appeal: Attach a one page <u>signed</u> statement explaining the 2 questions below. A signed statement is required for all appeals. (You may also use the back of this page for your statement.)
 a. Describe the circumstances that made you unable to make Satisfactory Academic Progress.
 b. Describe the steps you have taken to ensure this situation will not happen again and how this situation was resolved.
 2) Provide supporting documentation from another source such as a letter from clergy, doctor, teacher, or medical
- 3) Complete one iGrad Course online, print and provide a copy of your certificate of completion offered at the end of the course. https://cptc.igrad.com/login

bills/records, or police/insurance report on official letterhead and with all appropriate signatures.

4) Complete and submit this Appeal form, your written explanation, supporting documentation, and a copy of your certificate of completion from the iGrad Course to the Student Aid & Scholarships Office in one completed packet.

Special Notes: Please read carefully!

- 1) Be sure to attend all of your classes while your suspension appeal is being reviewed. Submit your appeal no later than the first 5 days of the quarter you are requesting reinstatement. Please allow <u>1 week</u> for your suspension appeal to be reviewed. If your appeal is not submitted within the 1st 5 days of the quarter, your appeal will be reviewed for the subsequent quarter by the Open Registration dates for the subsequent quarter.
- 2) Once your appeal has been reviewed, you will be notified through the financial aid portal and by mail concerning the decision on your appeal.
- 3) Students who earn zero credits during any quarter may owe repayments to the college, to federal and/or state financial aid funding sources, or all. Repayments are not waived when a Satisfactory Academic Progress appeal is approved.
- 4) INCOMPLETE GRADES DO NOT COUNT TOWARD CREDITS COMPLETED FOR FINANCIAL AID PURPOSES. If you are receiving financial aid, taking incompletes may result in financial aid suspension. You have the first two weeks of the following quarter to complete the required coursework. Your financial aid suspension will remain in place until all classes have been completed and grades are posted to your transcript. You may submit a financial aid appeal to prevent being dropped from your classes, but no determination will be made until your classes are complete and grades have been submitted. At the end of the two week period, your appeal may be denied if the classes have not been completed and sufficient reasoning is not given.
- 5) Providing you the opportunity for appeal is neither a commitment of funding by Clover Park, nor an indication that an appeal will be approved. If your appeal is denied, students choosing to continue attending are expected to pay for all tuition and fees without financial aid resources. Failure to make required payments will result in cancellation of your registration or collection procedures.

tify that the information provided in this statement is true and corre	ct:



veterans' status, religion, or age in its program and activities.

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Name:									
Address:	City/State:	Zip:							
Social Security Number:	Student ID Number:								
Phone Number:	Email:								
* The last year & quarter I attended CPTC was (select one quarter):									
☐ Summer ☐ Fall ☐ Winter ☐ Spring	•								
* My appeal is based on (check one of the boxes below): Unusual or Extraordinary Circumstances (Medical Needs of self, spouse, dependent, parent; Employment situations such as scheduling conflicts or work/school time balancing; Personal reasons that cannot be categorized as medical or employment related). Documentation is required.									
Paid for One Quarter Without Financial Aid (6 credits or more) that applies to my program of study and have completed any other required conditions. (Please attach a copy of your unofficial transcript showing the quarter(s) you completed, on your own resources, with a <u>quarterly</u> GPA of 2.0 or better. Also students must have an <u>overall</u> 2.0 cumulative GPA after any 6 quarters of attendance or a reinstatement request will not be approved).									
COVID 19 (CORONAVIRUS) (Medical Needs of self, spouse, dependent, parent; Employment situations such as loss of work or reduction of work due to COVID 19 conflicts or work/school time balancing; Personal reasons that cannot be categorized as medical or employment related). Documentation is required.									
* I am requesting reinstatement for (select one quarter):									
☐ Summer ☐ Fall ☐ Winter ☐ Spring	Year								
Student Signature and Confirmation of Understanding:									
I agree that the statements and/or other documentation provided with this petition are accurate. I understand that if my financial aid is reinstated, my academic progress will continue to be monitored and that, if my grades do not improve, further suspension of financial aid eligibility may occur.									
I understand that if my appeal is granted I will be placed on probation and that I must meet the conditions placed on me at that time to include completing all classes in all future quarters successfully. Submitting false information is a violation of the Student Code of Conduct and may result in disciplinary action.									
I have fully read, understand, and agree to all aspects of the Satisfactory Academic Progress Appeal as stated above, including that regardless of the decision of my appeal request I am ultimately responsible for paying my tuition and fees due to Clover Park Technical College. I understand failure to make payment can result in collection procedures.									
Student's Signature: Clover Park Technical College does not discriminate on the bas		ate:isability, sexual orientation/aender identity.							

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For Office Use Only:

Int	ake By:	Appeal #:	Quarter Su	spended:	Quarte	er planning to attend:	
Cu	m GPA:	# of Quarters at	tempted:	Current Ye	ar File? Y	N	
	tion taken or) Approved	• •					
() Denied _						
Signature of Financial Aid Officer							
NO	OTES:						
	ppeal Denied						
	Select denial l	etter from H:\SAP		Init	tials:		
		fully complete 6 cre degree program.	dits or more us	ing own resour	ces before i	requesting reinstatement. The credits	
	_GPA is less tha	an 2.0 after 6 quart	ers of attendan	ce.			
	Track appeal	response in main tra	ack screen	Init	tials:		
Ap	peal Approve	ed					
	Check for R2T	74		Init	tials:		
	Track "AT" on	main tracking scre	en	Init	tials:		
	Change the "S	SU" to a "TH" date i	n rec'd date	Init	tials:		
	Track approva	al code P2		Init	tials:		
	Reinstate aid			Init	tials:		
	Notify fiscal s	pecialist of reinstate	ed loans	Init	tials:		
	Place file into	review/ Review file	!	Init	tials:		
	Remove "T" c	ode from SM5003		Init	tials:		
	Remove FX/F0	O if tracked		Init	tials:		