|  |  |
| --- | --- |
| CPTC Logo | **COMPLETE AND RETURN TO:**4500 Steilacoom Blvd. SW Bldg 17, Room 130Lakewood, 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 signed 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.)**

* 1. Describe the circumstances that made you unable to make Satisfactory Academic Progress.
	2. 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 bills/records, or police/insurance report on official letterhead **and** with all appropriate signatures.

**[ ]** 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**

**[ ]** 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 **1 week** 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.**

STUDENT STATEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I certify that the information provided in this statement is true and correct:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT AID & SCHOLARSHIPS**

**Satisfactory Academic Progress Suspension Appeal**

## **\*\*Appeals with no supporting documentation will be denied.\*\***

## **\*\*Attend your classes until a determination has been made.\*\***

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| --- | --- |
|  | **COMPLETE AND RETURN TO:**4500 Steilacoom Blvd. SW Bldg. 17, Room 130Lakewood, WA 98499-4004**School Code: 015984**253.589.5660 office 253.589.5618 fax |

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 **Year** \_\_\_\_\_\_

**\* 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 quarterly GPA of 2.0 or better. Also students must have an overall 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:** **Date:**
*Clover Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity, veterans’ status, religion, or age in its program and activities.*

## **STUDENT AID & SCHOLARSHIPS**

## **Satisfactory Academic Progress Suspension Appeal**

## **For Office Use Only:**

Intake By: Appeal #: Quarter Suspended: Quarter planning to attend: \_\_\_\_\_\_\_\_\_

Cum GPA: # of Quarters attempted: Current Year File? Y N

## **Action taken on appeal:**

( ) Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Financial Aid Officer Date

## **NOTES:**

## **Appeal Denied**

🞏 Select denial letter from H:\SAP Initials:

 Must successfully complete 6 credits or more using own resources before requesting reinstatement. The credits must apply to the degree program.

 GPA is less than 2.0 after 6 quarters of attendance.

🞏 Track appeal response in main track screen Initials:

## **Appeal Approved**

🞏 Check for R2T4 Initials:

🞏 Track “AT” on main tracking screen Initials:

🞏 Change the “SU” to a “TH” date in rec’d date Initials:

🞏 Track approval code P2 Initials:

🞏 Reinstate aid Initials:

🞏 Notify fiscal specialist of reinstated loans Initials:

🞏 Place file into review/ Review file Initials:

🞏 Remove “T” code from SM5003 Initials:

🞏 Remove FX/F0 if tracked Initials: