

**2020-2021 Financial Aid
Satisfactory Academic Progress Appeal**

You are appealing for: Choose a semester

- () Fall 2020 (**Deadline: Friday, November 6th**)
 () Spring 2021 (**Deadline: Friday, April 23rd**)
 () Summer 2021 (**Deadline: Thursday, June 17th**)

Last Name	First Name	M.I.	M00#
E-Mail Address			Contact Number

*******IMPORTANT*******

You must submit your **Free Application for Federal Student Aid (FAFSA) or CA Dream Act Application**, reviewed by COM, and must be enrolled for classes before your appeal can be accepted

Reason you are appealing: (Select all that apply)

- I did not maintain a cumulative semester Grade Point Average of 2.0
- I did not complete a minimum of 66.67% of the cumulative number of units attempted; therefore, did not meet the "Pace of Progression" standard
- I have reached or exceeded the maximum number of units allowed for my educational goal

Instructions: You must attach **All** required documentation listed below with this packet

1. Complete and signed appeal form
2. All prior college transcripts
3. An in-depth (**4 semesters**) Student Education Plan (SEP), which includes the semester you are appealing for
Academic Counselors can be reached at: 415-485-9432.
4. A signed and typed statement that answers the following questions:
 - A. What circumstances beyond your control prevented you from meeting the standard(s) chosen above?**
For example: illness or medical issues, family emergency, unexpected work scheduling conflicts, or other documented extenuating circumstances.
 - B. How the situation has changed, or been resolved?**
 - C. What is your plan for success for the semester chosen?**
 - D. If you exceeded the maximum number of units allowed for your educational goal, explain why you need more time to complete your goal and how much longer you need?**

Include as much pertinent information as possible. Statements that do not adequately address a student's circumstances will result in the appeal being denied.

NOTE:

- Submission of an appeal does not guarantee approval. We recommend you plan ahead for alternative ways to fund your education.
- Incomplete appeals will not be evaluated.
- Allow 2-4 weeks for review and response. Review may take longer during peak periods.


Last Name	First Name	M.I.	M00#
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Certification:

Please read statements carefully, initial and sign below. Keep in mind that your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments is true, complete and accurate.

1. I understand that I may be granted only **One** SAP appeal approval at College of Marin.
2. 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 adhere to the courses outlined on submitted SEP, and deviating will result in automatic disqualification.
3.
4. I understand that failure to follow my approved Student Education Plan will result in immediate dismissal from financial aid.
5. I understand that **ALL** required documentation **must** be attached.
6. I understand that **ALL** prior college transcripts **must** be attached.
7. I understand that the submissions of an appeal **does not guarantee approval** – I must plan ahead for alternative ways to fund my education in the event that my appeal is 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.
8.

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 College of Marin’s Financial Aid Satisfactory Academic Progress Policy (see www.marin.edu).

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Student Signature *Date*

Submit your Appeal packet to the Enrollment Services Office provided that **all required documents are attached**. Incomplete packet will not be processed.

Forms submitted after deadline will not be processed.

OFFICE USE ONLY			
Staff Initial _____	Date Rec’d _____	Entered SAPP code in Tracking _____	Yes ___ No ___