

Chaffey College
SATISFACTORY ACADEMIC PROGRESS (SAP)
Appeal Request Form

Date: _____ ID#: _____

Name: _____ Phone Number: _____

Address: _____

INSTRUCTIONS:

1. Complete this form, AND
2. Attach a detailed, personal statement which describes the extenuating circumstances, AND
3. Attach photocopies of all relevant third-party documentation (such as doctor's letter to support medical claims or transcripts to verify units taken), AND
4. Educational Plan signed by an academic counselor
5. Submit copies of the completed form and all attachments to your Financial Aid Advisor

I am requesting review of extenuating circumstances to reinstate my eligibility for financial aid at Chaffey College. Please consider the attached statement and documentation. I understand that the Director of Financial Aid and the Financial Aid Appeals Committee will take one of four specific steps:

- Approve reinstatement unconditionally, OR
- Approve reinstatement with specific conditions, OR
- Postpone my appeal and request that I provide additional information, OR
- Deny my appeal for reinstatement.

I also understand that I will hear back from the committee within 3-4 weeks of the receipt of this form.

I certify that all information provided with this request is true and correct to the best of my knowledge.

Signature: _____

SUBMIT THE COMPLETED FORM TO:

**Chaffey College Financial Aid Office
F/A Appeals
5885 Haven Avenue
Rancho Cucamonga, CA 91737-3002**

Office Use Only

- Approved reinstatement of financial aid eligibility unconditionally.
- Approved reinstatement of financial aid eligibility with specific conditions:

- Denied appeal for reinstatement.