Office of Financial Aid
Waycross Campus (912) 287-6584
Jesup (912) 427-5800
Alma (912) 632-0951
Camden (912) 522-4511
Hazlehurst (912) 379-0041
Baxley (912) 367-1700
Golden Isles (912) 262-4999
Email: finaid@coastalpines.edu
Website: www.coastalpines.edu

Appeal of Financial Aid Suspension

Form: APPSAP
Aid Year: **2021-2022**

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

Enter Student Name:	Enter Student ID:
Student Name	Student ID #
Enter Mailing Address:	Enter City, State, Zip:
Mailing Address	City, State, Zip

Enter Student Email:	Enter Phone Number:		
CPTC Student Email Address	Home Phone	Work Phone	Cell Phone

Enter Last Term Enrolled:	Semester Requesting Reinstatement (circle one)
Last Term Enrolled	Fall 2021 Spring 2022 Summer 2022

** As a condition of receiving financial assistance from CPTC, you are required to meet Satisfactory Academic Progress standards. You may appeal a suspension from financial aid eligibility if there are extenuating circumstances.
During the appeal process, you must be prepared to pay your own expenses such as tuition, fees, books, supplies, etc. on or before all published fee payment deadlines or your classes will be canceled. The Office of Financial Aid will not guarantee, nor authorize any charges, pending an appeal outcome. Incomplete appeals will result in automatic denial and the student having to wait until the next semester to submit a new appeal.

Your appeal request must be received before the beginning of the Semester in which you wish to enroll!
A copy of your Academic Transcript (available in your BannerWeb Account) MUST BE ATTACHED!!

PLEASE INDICATE REASON FOR APPEAL:
What specific issue or situation caused you to fail to meet the standards of Satisfactory Academic Progress?

Serious injury or illness requiring extended recovery time*	**Medical**: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you received advice or treatment.
Death or serious illness of an immediate family member*	**Death:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
Military Service*	**Military Service:** If you were withdrawn due to military service, provide documentation.
Other: _____*	**Other Circumstances:** Please state the extenuating circumstance (not listed above) and provide appropriate documentation.

Documentation must be attached

Student Signature: _____ **Date:** _____

(Office of Financial Aid Use Only)

Why was the student placed on Financial Aid Suspension?
☐ GPA Below 2.0
☐ Completion Percentage below 67%
☐ Exceeded 150% of program hours

Appeal Decision
☐ Appeal Approved
☐ Appeal Denied

_____ _____
Director of Financial Aid or Representative's Signature Date

Date Notification Sent to Student: _____
Comments, recommendations and/or instructions: _____

Satisfactory Academic Progress Appeal

For Financial Aid Reinstatement

Student Name: _____ Student ID#: _____

In order to be eligible to appeal the denial of aid due to not successfully completing courses with a cumulative GPA of 2.0 and /or due to not successfully completing 66.6% of all coursework with CPTC you must:

1. Submit a copy of your academic transcript which must be accessed through your Banner Web account.
2. Complete all portions of the attached Educational Plan for Success and have your Academic Advisor sign
3. Utilize the space below, explain your extenuating circumstances in detail and why you were not able to complete the minimum academic requirements and the steps you are taking to resolve the situation. ***** ***It is necessary that you attach any supporting documentation you have.***

Enter explanation of extenuating circumstances

Student Item Checklist (submitting an incomplete packet will result in your request automatically being denied).

I have included supporting documents as they pertain to the terms in which grades of a D, F, I, W, WF, or WP occurred.
I have included a completed Education Plan for Success with Advisors signature.
I have made a copy of my appeal packet and documents for my records.

My signature below certifies that the information on this form and any attachments are complete and accurate. It also authorizes the Office of Financial Aid at Coastal Pines Technical College to verify any information submitted. I also understand that SAP appeal decisions ***are not guaranteed by the Fee Payment Deadline and I may have to pay out of pocket and be reimbursed if my Financial Aid is reinstated later during the semester I am appealing reinstatement.***

Your **student email** is the official form of communication for Coastal Pines Technical College. We will send you notification of the Committee's decision to your student email account. It is **your responsibility** to check your email account frequently for any information the financial aid department may send you.

Student Signature: _____ **Date:** _____

Please submit the completed appeal packet to the Office of Financial Aid or mail to your local Coastal Pines Technical College

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup Campus, 1777 West Cherry Street, Jesup, Georgia, khoward@coastalpines.edu , 912.427.5876; Brittaney Coleman, Title IX Coordinator, Waycross Campus, 1701 Carswell Avenue, Waycross, Georgia, bcoleman@coastalpines.edu, 912.287.4098; Cathy Montgomery, ADA/Section 504/Title IX Coordinator for all students, all campuses, 3700 Glynco Pkwy., Brunswick, Georgia, cmontgomery@coastalpines.edu, 912.262.9995.

Educational Plan for Success

Student Name: _____ Student ID: _____

Program of Study: _____ Certificate ____ Diploma ____ Degree_____

Educational Plan for Success:

In an effort for you to plan, strategize and gain knowledge to optimize your chances of succeeding as a student, a full account of how you plan to meet your educational goals should be established. Do not leave any blanks and N/A is not accepted. ***Not completing this form in its entirety could delay the appeal process.***

1. What is the minimum GPA in your program of study? _____
2. What is your current GPA? _____
3. What is your current completion rate (passing hours ÷ attempted hours)? _____
4. What grades do you feel you need to make Satisfactory Academic Progress? _____
5. List at least three measurable steps you will use to prepare for, review and pass your classes using academic strategies? (Example: I will read and consult the syllabus or I will contact support services for help with study skills)
    a. _____
    b. _____
    c. _____
6. How often should you see your advisor? _____

NOTE to ADVISORS: You should not sign this form until the student has completed the form in its entirety. Please be aware that it is important for a student who has an active SAP Educational Plan to only take as many hours as they can complete successfully. Students often request to be full-time (12 or more hours) in order to receive their full PELL funds, but that may not be advisable given their SAP situation. While you cannot stop a student from registering for additional hours, you can explain the possible ramifications and discuss a plan of success for the student. This discussion should include the student's commitment as well as the advisors commitment to the student's success.

Advisors Printed Name: _____

Advisors Signature: _____

Advisors please list your required recommendations to ensure the students success:

_____

_____

_____

Below are the following guidelines that MUST be followed while on the Educational Plan for Success.

1. Take coursework that is applicable to your degree, diploma or certificate program.
2. Complete all attempted coursework with a "C" or higher, receiving an "I", "W", "WF", or "WP" will be considered as lower than a "C".
3. Any additional requirements established by the Satisfactory Academic Progress review committee.

If you fail to meet these guidelines, you will not be eligible for financial aid until you can maintain the standards of Coastal Pines Technical college Satisfactory Academic progress Policy:

By signing below you agree with the guidelines established by the Educational Plan of Success.

Student Signature: _____ Date: _____