

2022-23 Satisfactory Academic Progress Appeal for Financial Aid

IMPORTANT INFORMATION

Students have until the first day of class for the term in which they are appealing to file an SAP appeal. Appeals *must* contain all required supporting documentation of extenuating circumstances. Appeals submitted after the deadline will be denied. Students will be notified through their CFK email account of the results of the appeal and of any restrictions or conditions pertaining to their appeal.

	Student Name	CFK Student ID
	Email Address	Phone Number
	Degree you are pursuing at CFK:	Number of Previous Appeals
	Semester appealing for aid (check only one): ☐ Fall 2022 ☐ Spri	ng 2023 □ Summer 2023
	Appeal is for (check all that apply): ☐ GPA <2.0 ☐ Complete	etion rate < 67% ☐ Maximum Timeframe
	ease complete the following steps to file your appeal: Read the Satisfactory Academic Progress Procedure in its entirety before	ore submitting this request
2.	Initial to indicate you have completed the Student Loan Acknowle	edgement - https://studentaid.gov/asla/
3.	Answer the following questions in depth on a separate sheet of paper.	
	A. Describe thoroughly the circumstances that have led to low Good complete your degree within 150% of your total credits earned	
	B. What specific steps have you taken to resolve the situation so and academic year? Please provide evidence.	you can be successful in the next semester
4.	Attach all supporting documentation applicable to your circumstances, such as an obituary notice, divorce decree, or a letter from a physician, attorney, social services agency, parole officer, employer, etc. It is important that you submit copies, as documentation will not be returned to you. Appeals submitted without supporting documents will be denied.	
5.	Attach a completed SAP Academic & Degree Completion Plan.	
6.	Submit all appeal documents to financialaid@cfk.edu or deliver them in person at the Key West Campus, Middle Keys, or Upper Keys Centers. Incomplete submissions will not be reviewed.	
tha Ad	Eudent Certification: I hereby certify that I have read and understand all interest and information reported on this appeal form and any attachments heret additionally, I authorize the Financial Aid Office to verify any information supproved, I am responsible to pay any fees incurred at CFK.	o are true, complete, and accurate.
D, aid	addition, I understand that in the event my appeal is approved, I must red, I, and/or F will immediately result in another financial aid suspension. I ad only for the courses listed on the Academic Plan that was included in maximum of three (3) total appeals.	lso understand that I am authorized to receive
Stu	udent Signature	Date
A R	Financial Aid Office Use Only: GPA: Credit Hours: Action: Approved Denied Reason: Medical Accident Personal/Family Other, please explain: Maintain GPA of:	

Date:

Signature of Financial Aid Director: _