Cape Cod Community College
SATISFACTORY ACADEMIC PROGRESS
APPEAL FORM

Student’s Name _____________________________________ Phone __________________________
Social Security # _____________________________________ CCCC ID # ______________________

Complete the information below if you wish to appeal the financial aid satisfactory academic
progress policy. Return this form to the Financial Aid Office as soon as possible.

1. Please check below the reason(s) for which you are not meeting satisfactory academic progress:
   o Probation status. [Note: You should meet with an advisor before appealing.]
   o Dismissal status. [Note: You must first be reinstated to the College.]
   o Did not complete 67% of attempted credits.
   o Taking longer than 150% of required time to complete program.
   o More than one official full Withdrawal from the College.
   o Earning a second degree or a certificate after an Associates.
   o Earning more than two credentials at the College.

2. Appeals are granted based on the reasons listed below. Please check the reason(s) below that apply to
your situation. Whenever possible, attach documentation verifying your situation.
   o Prolonged illness, serious accident, or death involving student or close family member.
   o Previously undiagnosed learning disabilities.
   o Recall to active military duty.
   o Approved for the “Fresh Start” Option.
   o Other extraordinary circumstances.

3. In the space below, write a detailed explanation as to why you should be granted a waiver of the
standards. Focus on the extraordinary circumstances that have prevented you from making
satisfactory progress. Attach a separate sheet if you need more space.

____________________________________________________________________________
____________________________________________________________________________
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4. The information on this appeal form is complete and true. I understand that I am responsible for
paying any tuition and fees due to the College until my appeal has been reviewed.

_____________________________________________  _____________________
Student Signature        Date

Return this form to:  Financial Aid Office, Cape Cod Community College, 2240 Iyannough Road,
West Barnstable, MA 02668-1599. Phone: (508) 362-2131, ext. 4393. Fax: (508) 375-4026.
Cape Cod Community College policy prohibits discrimination in education, employment, and services on the basis of race, ethnicity, religion,
sex, marital status, national origin, ancestry, sexual orientation, or disability. For policies on Affirmative Action, Diversity, and Sexual
Harassment, see the College Affirmative Action Statement.