



2024-25 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 2024 Spring 2025 Summer 2025

Appeal is for (check all that apply): GPA <2.0 Completion rate < 67% Maximum Timeframe

Please complete the following steps to file your appeal:

1. Read the Satisfactory Academic Progress Procedure in its entirety before submitting this request
2. _____ Initial to indicate you have completed the Student Loan Acknowledgement - <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 GPA, poor completion rate or inability to complete your degree within 150% of your total credits earned.
 - B. What specific steps have you taken to resolve the situation so you can be successful in the next semester and academic year? Please provide evidence.
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.**

Student Certification: I hereby certify that I have read and understand all information related to this appeal form. I certify that all information reported on this appeal form and any attachments hereto are true, complete, and accurate. Additionally, I authorize the Financial Aid Office to verify any information submitted. I understand that if my appeal is not approved, I am responsible to pay any fees incurred at CFK.

In addition, I understand that in the event my appeal is approved, I must receive grades of A, B, or C only. Grades of W, D, I, and/or F will immediately result in another financial aid suspension. I also understand that I am authorized to receive aid only for the courses listed on the Academic Plan that was included in my appeal packet. CFK policy allows for a maximum of three (3) total appeals.

Student Signature _____ Date _____

Financial Aid Office Use Only: GPA: _____ Credit Hours: _____ Completion Rate: _____		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason: <input type="checkbox"/> Medical <input type="checkbox"/> Accident <input type="checkbox"/> Personal/Family <input type="checkbox"/> Other, please explain: _____		
Conditions: <input type="checkbox"/> Graduate by: _____ <input type="checkbox"/> Maintain GPA of: _____ <input type="checkbox"/> Earn all attempted credits <input type="checkbox"/> Other _____		
Signature of Financial Aid Director: _____		Date: _____