



# Satisfactory Academic Progress Appeal Form

**Please print clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CtcLink ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Quarter being Appealed: \_\_\_\_\_

Last Year & Quarter Attended SCC: \_\_\_\_\_

My appeal is based on (check all that apply):

- ☐ Unusual Circumstances
- ☐ Improved completion rate to at least 67%
- ☐ Raised cumulative GPA to at least 2.0
- ☐ Attended a quarter on own and met SAP requirements
- ☐ Unusual enrollment history

**Directions:**

- 1) In your own words, explain the unusual circumstances and the specific reason(s) you were unable to make Academic Progress. Use the space below or attach a signed written statement. Your statement must include:
  - a. A detailed description of what happened, and
  - b. Information about how you have addressed or resolve the situation so that you are able to meet the standards during your next quarter of enrollment
- 2) Attach documentation to support your claim of unusual or extenuating circumstances (beyond your control).
- 3) Submit this form, your statement and documentation to the Financial aid office.
- 4) Results of your appeal are sent to your college assigned **go.shoreline.edu** email account. Students that earned 0 credits during a quarter or students that dropped classes during the first week of the quarter after aid funds have been disbursed might owe repayment of their financial aid and tuition. Even if an appeal is approved, Federal and State repayments cannot be waived and must be paid back before additional funding is awarded.

**Student statement:** Please explain the specific reason(s) you did not make Satisfactory Academic Progress. Be sure to attach any supporting documentation and include relevant dates and information (attach additional pages if needed):

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Describe the steps you have taken to prevent the situation from affecting your future academic success: \_\_\_\_\_

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Financial Aid Office Use Only:**

( ) Approved ( ) Denied ( ) Deferred, needs: ☐ Academic Plan or ☐ supporting documentation

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Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: [financialaid@shoreline.edu](mailto:financialaid@shoreline.edu) | Fax: (206) 533-6609

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