Satisfactory Academic Progress Appeal Form

Student’s Full Name: ___________________________ ID #: _______________________

Phone # (cell if available): ___________________________ Email: ____________________

Anticipated Graduation Date: ________/_______ Academic Advisor’s Name: ___________

Select the term for which you are requesting reinstatement: □ Fall □ Spring □ Summer (May, Sum 1 & Sum 2)

If your ability to meet the University’s standards of satisfactory academic progress was affected by mitigating circumstances, you may appeal the denial of federal financial assistance with Financial Aid and Scholarships. Please follow the steps below:

1. Choose one of the situations below and submit the appropriate documentation:
   - Medical: If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
   - Death/Illness: 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   - Military Service: If you have withdrawn from CCU due to military service, provide documentation.
   - Divorce/Separation: Please provide a letter from your attorney or court documents as proof of divorce/separation.
   - Other Circumstances: Provide appropriate documentation for the circumstance (not listed above) that contributed to your failure to maintain satisfactory academic progress.

2. Attach a typed letter explaining your mitigating circumstance from above.

3. Have you attempted more than 130 cumulative credit hours (including transfer work)? □ Yes □ No
   
   If your answer was ‘Yes’, submit your program evaluation with anticipated graduation date signed by your Advisor.

If one of the circumstances below applies to you, please complete the following:

   - Second Degree: If you are working on a second degree (undergraduate/graduate), provide a typed, signed statement clarifying why you are seeking a second degree. You must also submit your program evaluation with anticipated graduation date, signed by your advisor.
   - Over 165 Attempted Hours: If you have attempted over 165 hours (including transfer work), please provide a typed, signed statement detailing the circumstances surrounding your number of attempted hours. You must also submit your program evaluation with anticipated graduation date, signed by your advisor.

Coastal Carolina University complies with the requirements of Title IX of the Education Amendments of 1972, 20 U.S.C. Sec. 1681, et seq., and subsequent regulations, which prohibit discrimination on the basis of sex in all programs and activities receiving federal financial assistance. In the event that the information you share in this appeal process is subject to a Title IX violation, it is mandated that any Coastal Carolina University employee must report that disclosure to the University’s Title IX Coordinator.

I certify the information provided within this appeal is true and complete to the best of my knowledge. I understand the decision of the Satisfactory Academic Progress Review Committee is subject to federal and institutional policies and is final.

Signature____________________ Date________________

To ensure that your eligibility for federal financial aid is determined prior to the start of the semester, please submit your completed appeal by the dates below:

<table>
<thead>
<tr>
<th>Spring semester</th>
<th>Summer semester</th>
<th>Fall semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 15</td>
<td>May 15</td>
<td>July 15</td>
</tr>
</tbody>
</table>

***If deadline is not met, please expect to make payment arrangements.***

***All appeals submitted by Friday at 5:00 pm will receive priority review during the following week’s meeting. Completed appeals may take up to two weeks for processing during peak periods.***