Office of Financial Aid 112 College Drive Wells, ME 04090 (207) 216-4403 finaid@yccc.edu

(Be sure to password protect documents prior to sending through email)

## SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Students may appeal the *financial aid suspension* if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of a family member, or other unusual circumstances.

Once this appeal form has been completed, please submit it within 10 working days of the notice of financial aid suspension to: Financial Aid Department, 112 College Drive, Wells, ME 04090, or e-mail to: finaid@yccc.edu with your supporting documentation. Appeals submitted without supporting documents will be denied.

Last Name	First Name	M.I.
Student ID Number		Mailing Address
Phone Number		Student Email Address
Section B: Failure for Gl	PA and/or Completion Rate	
This appeal is based on the si	tuation(s) checked below:	
Illness or injury to the attesting to the medical condi		attach statement from a family physician
Death of an immediate Please attach a copy of the ob	•	e. Relationship:
	ocuments – i.e. court records, cl	amily emergency. Please provide a written ergy, police reports, letter from counselor or
Progress (SAP). In addition	, you must state what changes	s you failed to make Satisfactory Academic in your circumstances have occurred which nents in subsequent semesters if your appea

Section C: Failure for 150% (Maximum Hours)	
Have you successfully completed one degree/certificate at York County Community College and are now ttempting another?	
Yes - Please provide a written explanation of your intent in pursuing an additional degree/certificate program and an Audit Transcript of the most current degree you are pursuing.	
No - Unfortunately, an appeal may not be an option for regaining your financial aid eligibility.	
Please provide a written explanation of your intent in pursuing an additional degree/certificate.	
Section D: Please initial each item indicating that you have read and understand the information below.	
I understand that decisions on appeals are processed on a case-by-case basis I have read the YCCC SAP policy and understand why I am not making	
satisfactory academic progress. I understand that appeals turned in without supporting documents will be denied.	
If approved, I understand that I will be on an academic plan and be required to meet the terms of that Academic Plan.	
tudent Signature Date	

If you plan on emailing documentation to us, please password protect any documents that have personally identifiable information (such as a Social Security Number) prior to emailing it. Instructions can be found here: www.yccc.edu, click on "MyYCCC" at the top, "Campus Services", "Financial Aid", "Financial Aid Forms", and "Password Protect Your Documentation".