



BBCC Financial Aid Satisfactory Academic Progress Appeal

Financial Aid Office 7662 Chanute St NE Moses Lake, WA 98837

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Satisfactory Academic Progress (SAP) Appeal Form

Your eligibility for financial aid at BBCC has been suspended because you did not meet the required Satisfactory Academic Progress (SAP) policy.

BBCC understands that uncontrollable events (death of a family member, illness of self or immediate family member, emotional or mental health issue, e.g.) happen in a student's life and that some students have challenges adjusting to college. If exceptional and/or unforeseen circumstances prevented you from meeting SAP, you may appeal the financial aid suspension. We will review your appeal to determine if you may be eligible for reinstatement of financial aid funding.

In the form below, please describe what impact the circumstance had on your academics, how you have addressed the situation, and your plans for meeting SAP requirements the next quarter that you return to school.

*Please note, documentation confirming/supporting your circumstance must be attached with the form. **Incomplete appeals will not be considered.**

Last Name _____ First Name _____ ctLink ID _____
Phone _____ Email _____

Quarter/Year returning to school in:

Fall 20____, Winter 20____, Spring 20____, Summer 20____

Number of credits you will enroll in _____

1. What happened? Describe the circumstances, beyond your control, that led to you not meeting the Satisfactory Academic Progress (SAP) requirements:

- Medical/Illness/Injury Military Service Death
 COVID 19 Other unforeseen circumstances:

2. What has changed? Explain how the situation has been resolved and how you plan to meet the SAP requirements in your upcoming quarter:

3. Attach supporting documentation that verifies the circumstances described in your statement above. Documentation should be secured from an objective third party (For example: medical bills, death certificate, counselor, work schedule, accident report, etc.).

4. Return the completed appeal form and all documentation to the Financial Aid Office. If you are not able to come to campus, please mail, fax, or email the forms to us.

Student Signature _____ Date _____

**typed signatures cannot be accepted. If you are submitting this through email, please sign and scan OR take a photo of your signature and paste onto signature line.*

If the appeal is denied, a student may regain eligibility by paying for classes at their own expense and meeting the Satisfactory Academic Progress policy at the end of the quarter(s) in which they pay. Please contact the Financial Aid Office once SAP is met to review reinstating your financial aid funding.

Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following person(s) have been designated to handle inquiries regarding the non-discrimination policies. Kim Garza, Title IX Coordinator, Building 1400, Office 1449 at (509) 793-2010 / kimg@bigbend.edu or Rebecca Leavell, Accommodations & Accessibility Services Coordinator, Building 1400, Office 1472 at (509) 793-2027 / rebeccal@bigbend.edu.

OFFICE USE ONLY

APPROVED: Quarter/YR _____

Contract:

- _____ credits by _____
 2.0 GPA by _____

DENY: Quarter/YR _____

- Incomplete appeal 2 Degrees Repay/default
 Mathematically not possible Pace of progression Max of 3 appeals
 Qtrs attempted _____ Qtrs Complete _____ Other

Financial Aid Review _____ Date _____