



Please complete this form by either typing the responses or printing them in blue or black ink.

Student Name: _____ Date: _____

Quarter in which student is requesting the appeal for _____

In accordance with Policy 02:24:00 *Satisfactory Academic Progress (SAP)*, students who fail to maintain SPA due to a mitigating circumstance may submit a written appeal with supportive documentation after they have been made aware they are not making SAP.

How to Appeal: All appeal form requirements below must be fully completed.

1. You must submit an explanation of what circumstances or issues prevented you from successfully completing courses during the period of enrollment in which you were not successful. You may use additional sheets of paper.
2. You must submit how the circumstances have changed and/or the issues have been resolved;
3. And you must include your plan to successfully meet the SAP requirements moving forward

Available documentation to support your appeal (for example, if a student experienced a medical emergency, they should provide documentation showing the time frame, hospital stay, doctor recommendations, etc.)

Deficient Completion Rate and/or Deficient GPA	<p><input type="checkbox"/> Medical: Serious illness or injury to the student or immediate family member (parent, spouse, sibling, child) which caused inability to attend or prepare for class for an extended period. Please provide an explanation of the nature and dates of the illness or injury and a statement from a physician</p> <p><input type="checkbox"/> Death of an immediate family member: Attach a photocopy of a death certificate, funeral program, or obituary, include the name and proof of relationship to you.</p> <p><input type="checkbox"/> Significant trauma in the student's life or unexpected events that impaired the student's emotional or physical health or unexpected circumstances beyond the student's control other than one of the above situations: Please explain in detail the nature, date, and what you have done to overcome the specific event or circumstance that impacted your success. Supporting documentation from a third party (physician, social worker, educator, psychiatrist, police, etc.) must be provided.</p>
---	--

Academic Plan	<input type="checkbox"/> You have not successfully completed a quarter while being on academic plan. Please provide an explanation of extenuating circumstances as to why you did not complete the academic plan in which you were placed on for the previous quarter.
Other	<input type="checkbox"/> Other reason for exemption. Please be as specific as possible and provide any relevant documentation.

4. Sign and submit this form, personal statement, and all supporting documentation as mentioned in each category above to: Emailed, mailed, or in person:

Michael Vigil, Director of Financial Aid (michael.vigil@plattcolorado.edu)
 Platt College
 3100 South Parker Rd, Ste 200
 Aurora, CO 80014

Any student submitting an appeal will receive a written response to their Platt College email within ten (10) business days of receiving documentation. Any student who has been denied financial aid due to lack of SAP must be prepared to pay according to the payment plan regardless of any pending appeal status.

Appeal deadline: _____ days after your official SAP denial notice has been sent to your Platt College email.

Student Certification: All information on this form, the written appeal and supporting documentation is true and complete to the best of my knowledge. I certify that I have read the instruction and understand that submitting an appeal does not guarantee an approval.

Student Signature: _____ Date: _____