



COMMUNITY COLLEGE OF ALLEGHENY COUNTY

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Boyce Campus
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North Campus
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South Campus
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West Mifflin, PA 15122
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Financial Aid Progress Appeal

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DO NOT submit this petition until Sections I, II and III are complete. INCOMPLETE petitions will not be processed. Return completed petitions to the Financial Aid office at the campus you are attending. Complete petitions will usually be evaluated within 10 business days. You will be notified of the outcome of your petition via college email. Petitions must be received before the end of the add/drop period for the term you are planning to attend. Petitions received after the add/drop period will not be considered. Should you decide to register prior to receiving your appeal decision, it is your responsibility to make payment in accordance with college payment policies.

Section I: GENERAL INFORMATION (to be completed by the student)

Student Name: _____ SS# or ID#: _____

Current Address: _____ Birth Date: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Campus: _____

Major/Program: _____ Cumulative GPA: _____

Financial Aid Academic Appeal is only valid for the major/program listed above. Students who change their major/program must submit a new appeal once admitted to the new major/program.

SECTION II: STATEMENT OF APPEAL (to be completed by the student)

Please consider my request for financial aid reinstatement for the following term: _____

I am appealing the following financial aid academic progress requirements (check all that apply):

- Successful completion of 67 percent of all credits attempted
- GPA less than 2.0
- Maximum time frame for degree, certificate or diploma

For example, if a program requires 30 credits to graduate, the certificate must be earned within 45 attempted credits. If a program requires 60 credits to graduate, the degree must be earned within 90 attempted credits.

In support of your petition, state unusual or specific extenuating circumstances that warrant a review of your petition to continue receiving federal financial aid. Use additional paper if necessary and provide any supporting documentation pertinent to your case. Please submit copies of supporting documents; originals will not be returned. Please consult CCAC's Satisfactory Academic Progress policy at ccac.edu for guidance on academic criteria.

Emergency Progress Appeal

SECTION III: STUDENT ACADEMIC PROGRESS (to be completed by the student)

Number of credit hours needed to complete the degree/certificate requirements (including the current semester): _____

Proposed schedule of classes the student will register for next semester. Indicate whether these classes count toward the student's graduation requirements.

Course	Required?
_____	___ Yes ___ No
_____	___ Yes ___ No
_____	___ Yes ___ No
_____	___ Yes ___ No
_____	___ Yes ___ No
_____	___ Yes ___ No

A Degree Audit Evaluation must be submitted to the Financial Aid office along with the Academic Progress Appeal Petition. The Degree Audit Evaluation may be obtained from an Academic Advisor. Please contact the Advising office to schedule an appointment to meet with an Advisor. You may also visit ccac.edu and click Appointment Central to schedule an advising appointment.

Student's Signature _____ Date _____

Student's PRINTED Name _____

SECTION IV: ACADEMIC PROGRESS COMMITTEE ACTION (to be completed by the Academic Progress Appeals Committee)

() Approved () Denied () Incomplete

Notes: _____

Notifications of nondiscrimination and contact information can be found at ccac.edu.