Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107

Authorized Signature

P: 415.703.9528 F: 415.551.9261 Email: <a href="mailto:finaid@cca.edu">finaid@cca.edu</a>

Satisfactory Academic Progress Appeal for	School Year
Student's name (last, first, middle initial)	CCA ID number
Mailing address (street)	e-mail address
Mailing address (city, state, zip)	Telephone number
Complete this form and follow the below instructions to request a reevaluation of your ineligibility fo toward a degree.	r financial aid based on insufficient progress
NON-SATISFACTORY ACADEMIC PROGRESS DUE TO LOW GPA OR INSUFF	ICIENT COMPLETED UNITS
Extenuating Medical Circumstances – Attach a detailed letter of explanation and have you back of this form.	r health care professional complete and sign the
Extenuating Personal Circumstances – Attach a detailed letter of explanation and supportion  Death in the immediate family (parent, spouse, sibling, dependent child) – Please attach a	_
NON-SATISFACTORY ACADEMIC PROGRESS DUE TO EXCESSIVE UNITS	
I am a graduate student in the program and my course of student explanation.	y has been prolonged. Attach a detailed letter of
I am an undergraduate student and some of my transfer credit hours do not count toward my Other academic situation(s). Attach detailed letter of explanation.	degree.
ALL STUDENTS MUST SUBMIT THE FOLLOWING:	
<ul> <li>☐ Undergraduate students must submit an approved academic plan with the Academic Advising</li> <li>☐ Graduate students must contact their program to develop an approved academic plan.</li> <li>☐ Letter of explanation.</li> <li>☐ Supporting documentation.</li> </ul>	g Office.
CERTIFICATION & SIGNATURE I certify that the information submitted in this appeal, the letter of explanation, and the academic place knowledge. I agree to follow the academic plan submitted with the appeal in order to make satisfacting financial aid office if the academic plan changes. I understand that failure to follow the academic plan institutional financial aid. I understand that I will be notified by mail of the final decision of this appearance.	tory academic progress and will notify the an can make me ineligible for federal, state and/or
Student's signature Date	
For Financial Aid Office Use Only:  Action taken: □ approved □ denied  Comments: □	

Date

FOR EXTENUATING MEDICAL CIRCUMSTANCES		
HEALTH CARE PROFESSIONAL'S STATEMENT		
The California College of the Arts Financial Aid Office is reviewing the above named student's financial aid file and additional information is required		
Please explain why the above named student was medically unable to attend class.		
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Can the above named student return to California College of the Arts for the upcoming semester?	_	
Yes No		
If yes, then: Full-time Part-time		
Health Care Professional Signature Date		
Print Name Phone Number		
Hospital/Medical Center Name		

CCA ID number

Student's name (last, first, middle initial)