

Financial Aid

2025 – 2026 Satisfactory Academic Progress (SAP) Appeal

In order to maintain financial aid eligibility, students must meet [satisfactory academic progress](#). Students who fail to meet the minimum criteria, and have extenuating circumstances, such as injury or illness, death of a relative or other circumstance that affected their ability to meet the minimum requirements, may submit an appeal to the Financial Aid Office.

A. Student's Information

Last Name	First Name	M.I.	Student ID Number (10 Digits)
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B. Additional Information:

What is your educational goal? Obtain a Certificate Obtain an Associate's Degree Obtain a Bachelor's Degree

Complete my general education or Associate's Degree for Transfer to: _____

What is your Major/Program of Study as shown on your Academic Plan? _____

I met with an Academic Counselor from the following department: General Counseling EOPS Other: _____

I am requesting a review for the following semester (check only one):

Fall 2025

Spring 2026

Summer 2026

My last day of class for the semester I am appealing for is: _____

C. Reason for Appeal (check all that apply):

- I have completed less than 67% of the units I have attempted
- My cumulative GPA is below 2.0
- I have attempted more than 150% of the maximum unit count allowed by my academic plan. (i.e. 60-unit associate plan x 150% = 90 units. 180 units is the maximum number of units for students pursuing the Health Information Management (HIM) Bachelors Degree.
- I have earned a Bachelor's Degree (BA/BS) or a graduate or professional degree in the United States or a foreign country

D. Statement of Circumstance:

On a separate piece of paper, please provide a detailed statement that addresses **both** of the following:

- What were the circumstances that prevented you from meeting the minimum satisfactory academic progress criteria?
- What has changed or what steps have you taken that will allow you to make satisfactory academic progress moving forward?

E. Supporting Documentation:

- Please submit supporting documentation that verifies your extenuating circumstances. If you do not have supporting documentation, please be sure to explain why in your statement of circumstance.

F. Academic Plan:

- Please schedule a counseling appointment to develop a counselor-approved student educational plan. If you need a plan, please contact [Counseling Services](#) to schedule an appointment. If you are a participant of a program that offers counseling services, such as EOPS or DSPS, please contact their office to obtain an education plan. Please note, student education plans must be current. If you met with a counselor more than **one semester prior** to the term you are appealing for, you will need to obtain a new or updated plan.
- As a part of your appeal submission, please include copy of your “**My Planner**” in order to verify that you have met the education plan requirement. To access your My Planner, log in to your [mySDCCD](#) student portal, select the College Student Dashboard, then select My Classes where you’ll then find My Planner.

G. Student Certification and Signature:

Please check each of the boxes acknowledging that you have read and understand the following:

- I have completed sections **A-F** of this appeal form and have attached all required documentation along with this appeal form, if appropriate.
- I understand that I must have extenuating circumstances explained in a detailed written statement included with the appeal form and what I’ve done to resolve the circumstances. If I do not have supporting documentation, I must explain why.
- I am aware that if my education plan does not match my stated program of study listed on this appeal form, my appeal cannot be approved.
- I am currently enrolled and ALL of my units are required according to my education plan included with this appeal form.
- I understand that at the time of my appeal, the Appeal Committee will review my entire academic history, including current semester enrollment.
- I understand that an appeal approval cannot reinstate aid for a prior semester or prior academic year.
- I understand that if my appeal is approved, I must fulfill all conditions of the appeal approval. If I do not, I will not be able to receive aid unless I successfully appeal once again or I meet the Standards of Satisfactory Academic Progress (SAP) requirements as stated in the SAP policy for financial aid.
- I understand that if my appeal is denied, I can have my appeal revisited by requesting a [2025-26 SAP Appeal Secondary Review Request](#).
- I understand that the SAP Appeal Deadlines for the 2025-26 academic year are as follows:
 - **Fall 2025:** December 5, 2025 **Spring 2026:** May 15, 2026 **Summer 2026:** July 24, 2026
- I have reviewed the SAP Appeal Form Process Guide to learn more about the appeal process and to maximize the probability of my appeal being approved.

Student’s Signature [SIGN BY HAND ONLY]

Date