SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Federal and State regulations mandate that students must meet the minimum Satisfactory Academic Progress requirements to be eligible to receive financial aid. The Satisfactory Academic Progress policy can be found in the Student Handbook and on the CCMS website at: www.ccms.edu-> Financial Aid tab -> Satisfactory Academic Progress Policy.

Students wishing to appeal their ineligibility for financial aid must complete the Request for Financial Aid Appeal Form, attach required documents, and return it to the Cincinnati College of Mortuary Science Office of Financial Aid. DO NOT submit the appeal to the Office of Financial Aid for review until all four sections of the form are completed, including your signature and all required documents are attached. Incomplete appeals will not be reviewed. Completed appeals are normally reviewed every two weeks by the Financial Aid Appeals Committee. You will be notified of the appeal decision via your CCMS email address.

I. Student Information

Student’s Full Name ________________________________

Last 4 SSN # ________________________________

Phone # ________________________________

Student’s Mailing Address

________________________________________________

Expected Graduation Date

II. Statement of Appeal

Please indicate the problem that occurred, the nature of the problem, the dates of occurrence and how your studies were affected. You should be sure that the circumstances you are providing directly relate to periods of enrollment in which your academic performance was affected.

Explanation:

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Attach additional page(s) if needed
III. Documentation

1) Attach all date-specific documentation supporting your appeal to this form. Include your name and the last four digits of your SSN # on all attached documentation.

2) Check appropriate box pertaining to required documents which are to be attached:

<table>
<thead>
<tr>
<th>If Reason was:</th>
<th>Required Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Serious injury, illness or mental health condition involving student or immediate family member</td>
<td>→ Statement from physician or mental health professional on letterhead reflecting date(s) of occurrence/treatment</td>
</tr>
<tr>
<td>□ Death of immediate family member</td>
<td>→ Copy of death certificate, obituary, or physician’s statement</td>
</tr>
<tr>
<td>□ Other circumstances beyond the student’s control</td>
<td>→ Date-specific documentation that supports the situation</td>
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</tbody>
</table>

IV. Achieving Satisfactory Academic Progress - Explain the steps that you have taken or will take toward achieving Satisfactory Academic Progress. What has changed that will allow you to demonstrate Satisfactory Academic Progress at the end of your next term of attendance?

Explanation:

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Attach additional page(s) if needed

STUDENT’S SIGNATURE: __________________________________________ Date: __________________

Please return this form and all required documents to Cincinnati College of Mortuary Science, Office of Financial Aid, 645 W North Bend Rd Cincinnati, OH 45224. Fax number (513) 761-3333