



2020-2021 SAP Appeal
Maximum Timeframe Exceeded

Student Last Name Student First Name MI CSUCI ID Number Student Phone Number

Current Degree Objective:

Undergraduate Bachelor's Degree:

Major

Major 2 (may not be funded)

Minor (may not be funded)

2nd Bachelor's, Teaching Credential or Master's Degree:

Program of Study

The deadlines to submit your appeal are as follows:
Fall 2020 Semester - Friday, September 25, 2020
Spring 2021 Semester - Friday, February 26, 2021

Purpose

Federal regulations require that Satisfactory Academic Progress (SAP) be evaluated at the end of each payment period (semester) for all students receiving financial aid. Students who fail to meet SAP standards are considered to be ineligible to receive financial aid. Students who have been suspended from receiving financial aid due to exceeding the 150% maximum timeframe may appeal this decision by completing the SAP Maximum Timeframe Appeal. Your appeal must contain an Academic Action Plan (pg.3) detailing remaining courses needed to graduate, when they will be taken and the date your degree will be completed. Once you have reached or exceeded the maximum allowable units attempted, CSU Channel Islands will only fund courses required to complete undergraduate, credential, post-baccalaureate or graduate program requirements.

Appeal Requirements

Your appeal must include all of the following items. Incomplete appeals or appeals submitted without sufficient documentation will not be reviewed as decisions cannot be made on appeals until they are complete.

- Personal Statement: Required on all appeals and statement must be typed and include your name and student ID. Please address the following question in your personal statement:
I exceeded the maximum units and/or terms of financial aid eligibility for the following reason(s):
*Note: Reasons for changing majors should be included in your statement if the change of major contributed to exceeding the maximum units and/or terms allowable.
A letter from your academic/faculty advisor verifying that the proposed Academic Action Plan satisfies all degree requirements. Any changes to this Academic Action Plan must be submitted for approval to the Financial Aid & Scholarships office. Deviation from the approved Academic Action Plan may result in loss of financial aid.
Completed Academic Action Plan of remaining coursework for program completion indicating the coursework needed and term you will complete it in. Any extension of financial aid eligibility will be limited to only those courses that are required to complete your academic plan/degree.

Appeal Guidelines

- Be specific when explaining your circumstances. Lack of information will result in a delay of an appeal review or may result in a denial of your appeal. If there were problems in your physical or mental health that played a role in your circumstances, please attach supporting documentation from a doctor, counselor or hospital (if no documentation is available, be sure to explain this in the appeal).

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE



2020-2021 SAP Appeal
Maximum Timeframe Exceeded

Appeal Guidelines continued...

- Do not discuss your need for financial aid in your appeal.
Complete all appeal requirements listed on the appeal form.

Appeal Procedures

- Submit your appeal via email to the Financial Aid & Scholarships office at financial.aid@csuci.edu.
Completed appeals are due by Friday, September 25, 2020 for the Fall 2020 semester and by Friday, February 26, 2021 for the Spring 2021 semester.
Appeals are evaluated within 30 business days of receipt of the completed appeal.
In order for your SAP Appeal to be reviewed, you must be enrolled for the current semester at the time of appeal completion and review.
SAP Appeal decisions may not be finalized prior to the start of classes; you should plan on making payment arrangements with Student Business Services (SBS) to avoid the risk of class cancellation.
If your appeal is approved, you will be placed on an Academic Plan for the remainder of your program.
Please note that filing an SAP Appeal does not guarantee continued eligibility for financial aid.

Student Statement and Signature

I understand that I am requesting an appeal for continued financial aid eligibility. The Academic Action Plan is for the required coursework for completion of my current program.

I understand that appeal decisions may not be made prior to the first day of classes for my next semester of enrollment; if I remain enrolled as of the first day of classes I will be responsible for any CSUCI charges incurred.

FSAP

Student Signature

Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both.

Once your SAP Appeal is complete, please email your appeal with all supporting documentation to the Financial Aid & Scholarships office at financial.aid@csuci.edu.



2020-2021 SAP Appeal
Maximum Timeframe Exceeded

Student Last Name _____ Student First Name _____ MI _____ CSUCI ID Number _____ Student Phone Number _____

Academic Action Plan

1. Access your CI Academic Requirements Report (CARR) online through your myCI.
Instructions: <https://www.csuci.edu/registrar/carr>
2. Have your transfer credits been evaluated? Yes No

Note: Inaccuracies on your CARR, or questions regarding evaluation of your transfer credits, should be directed to registrar@csuci.edu

Remaining Coursework:

Term (Fall, Spring, Summer)	Year	Name of Course	# of Units	Required for Program/Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Certification

Total Number of Units Remaining for Program/Degree Completion _____

Applied for graduation: Yes No

Estimated Graduation Date: _____

For Office Use Only:

Appeal Approved

Appeal Denied

Academic Plan / Email Notification Sent

_____ Graduation Date _____ FAA Initials _____ Date

PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE