

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT  
FINANCIAL AID**

**Instructions for completing the SAP Appeal Form**

**How to appeal for reinstatement of federal financial aid:**

Students who become ineligible for federal financial aid under the Satisfactory Academic Progress policy may submit a request for reinstatement to the Financial Aid Office only at the college in which the student is enrolled, with the required supporting documentation attached. The Financial Aid Review Committee shall review and validate the documentation attached to determine if the student has met the conditions for reinstatement, or if extenuating circumstances of the student should be taken into consideration for reinstatement. **Students must be enrolled for the semester in which reinstatement is being requested. Students are responsible for payments that become due to the college while an appeal is being considered.** Submitted requests must be typed.

**All requests and supporting documentation must be attached to a DCCCD Satisfactory Academic Progress Appeal Form.**

**The following mitigating circumstances are examples of circumstances that may be considered:**

- 1. Personal illness, injury or accident**  
Requires a doctor's written statement, hospital records, accident/police report.
- 2. Serious illness or death within immediate family**  
Requires a death certificate/obituary notice or doctor's statement
- 3. Transportation problems**  
Requires a mechanics bill and verification that public transportation is not available in your area
- 4. Divorce or separation**  
Requires divorce/separation documents or letter from attorney
- 5. Last enrollment was at least 10 years ago**  
Requires a copy of your most recent transcript
- 6. Administrative error**  
Requires documentation from the involved administrative office explaining the nature of the error.
- 7. Change of Program of Study**  
Requires a copy of a new *official* degree plan showing the number of hours needed to complete your current degree or certificate program  
Statement describing circumstances requiring the change of program
- 8. Attempting more than 30 hours of ESOL hours, or combination of ESOL/Developmental hours.**  
Requires statement from DCCCD TSI Coordinator or Academic Advisor recommending additional ESOL enrollment

**The condition or situation must have occurred during the period of enrollment immediately prior to the Financial Aid Suspension and must have been resolved to allow the student the ability to complete course work successfully or the request will not be granted.**

**IF REINSTATEMENT IS DENIED**

To regain financial aid eligibility if reinstatement is denied, a student must pay the expenses related to an enrollment of at least half-time status during the next award year and satisfy all SAP requirements.

*"Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, national origin, religion, sex, disability or sexual orientation."*

**Dallas County Community College District  
Financial Aid Office  
Satisfactory Academic Progress Appeal**

Return, mail, or fax this completed form and required attachments to the [Financial Aid Office](#) at the college in which you are registered.

**FAX NUMBERS**

Brookhaven (972)860-4375 Cedar Valley (972)860-5230 Eastfield (972)860-7622 El Centro (214)860-2637 Mountain View (214)860-8843 North Lake (972)273-3240 Richland (972)238-3761

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

***Students may not request reinstatement for a semester which has already ended.  
Undocumented appeals will not be considered.***

1. In which semester do you plan to enroll? \_\_\_\_\_ Fall / \_\_\_\_\_ Spring / \_\_\_\_\_ Summer
2. Which DCCCD College will you be attending for most of your classes this year?  
BHC \_\_\_ CVC \_\_\_ EFC \_\_\_ ECC \_\_\_ MVC \_\_\_ NLC \_\_\_ RLC \_\_\_
3. When do you expect to graduate from your current program of study? \_\_\_\_\_

**Required attachments:**

1. A typed explanation for failing to meet the [Satisfactory Academic Progress](#) (SAP) standards.
2. Supporting documentation relevant to the explanation (See instructions.)
3. An *official* DCCCD college degree plan, if you have exceeded the allowable maximum number of credit hours attempted. (*In accordance with the SAP, students cannot exceed 150% of the minimum number of hours required to complete the student's declared program of study.*)

**RETURN, MAIL, OR FAX THIS COMPLETED FORM AND REQUIRED ATTACHMENTS TO THE  
[FINANCIAL AID OFFICE](#)**

---

**FOR OFFICE USE ONLY**

COLLEAGUE ID#: \_\_\_\_\_

---

(a)DCCCD Attempted hours: \_\_\_\_\_/ (b)DCCCD Earned hours: \_\_\_\_\_/ (c)Total TR Hours \_\_\_\_\_  
(d)TR hours used in program completion: \_\_\_\_\_/ (e)# hours remaining to complete program \_\_\_\_\_  
(f)# hrs required in program: \_\_\_\_\_/ [(a) \_\_\_\_\_ + (d) \_\_\_\_\_ + (e) \_\_\_\_\_] < or ≥ (f)x150% \_\_\_\_\_  
Current Year hours: \_\_\_\_\_/ Cumulative GPA: \_\_\_\_\_/ Prior Suspension? \_\_\_ Yes / \_\_\_ No  
Reviewed by: \_\_\_\_\_ at \_\_\_\_\_ College / Date \_\_\_\_\_

---

**DECISION**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_SAPD \_\_\_PERC Date Approval/Denial Letter Sent: \_\_\_\_\_