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Financial Aid Office
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<u>Document Submission Portal</u> or by mail
PO Box 2000, Cortland, NY 13045-0900

## SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST COVER SHEET

			C00	
Last Nam	e First Name	MI	Cortland ID#	
()_				
Phone Number		Tern	Term Appeal is For	
Complet	e each of the following steps:			
a y	cademic progress during the term in wh	nich SAP was not met.	stances that contributed to your unsatisfactory  You must prove that the circumstances affecting you will have the potential to improve your	
•	Medical Condition – Physician's or he that he/she medically supports your Family Member Death – Copy of dea Impacted by COVID 19 – Explanation Accident – Copy of police report. Military Service – Copy of official mi	ing: ealth care provider's s decision to continue ath certificate or obit n of illness or hardship ilitary orders.	uary.	
	In order to be considered for an app documentation to the Financial Aid of Submitting a SAP Appeal Request do My appeal will be evaluated by a corn The Appeal Committee meets mont appeal submission in the "My Financial If my SAP Appeal is approved, my firm If I continue to attend classes while a responsible to pay any outstanding of the same appeal submission."	peal, I must complete Office within <b>two we</b> pes not guarantee that mmittee consisting of hly and you will be no ial Aid" section on the nancial aid will be rein appealing my loss of f charges on my accour	staff members from throughout the institution. otified approximately five weeks from the date of e "General Information" tab of myRedDragon. stated. Financial aid, and my appeal is denied, then I am at.	
I certify t	hat I have read and understand all of th	e information as pres	ented above.	
Student Signature:			Date:	

Please return the completed form along with all corresponding documentation to the address on this form or through the