A. STUDENT INFORMATION

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<tr>
<th>Last Name (Print)</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student ID (K00 Number)</th>
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B. CCPG SATISFACTORY ACADEMIC PROGRESS

CCPG students must meet satisfactory academic progress standards as follows:

- **Academic Standard:** sustain a GPA of 2.0 or higher.
- **Progress Standard:** complete more than 50 percent of your coursework.

Students not meeting these standards for two consecutive primary terms (Fall/Spring) are ineligible for the CCPG. Any combination of these standards over two consecutive primary terms will also result in the loss of CCPG eligibility.

C. CCPG APPEAL

Students may appeal the loss of the CCPG due to extenuating circumstances. Please identify any of the below circumstances that apply to you and attach supporting documentation. The last day to appeal is the last day of the semester for which you are appealing (you can only appeal one semester at a time).

- □ Fall
- □ Spring
- □ Summer 1
- □ Summer 2

- □ Extenuating Circumstances (please provide a typed, written statement)
- □ I have been making significant academic improvement by completing my last semester with a 2.0+ GPA and completed more than 50% of my semester coursework.
- □ I am a student with a verified disability who applied before the deadline but did not receive an accommodation in a timely manner.
- □ I was unable to obtain essential support services
- □ I would like to be granted special consideration as I am a student in one of these programs (Written verification from each program must be attached to your appeal form). □ CalWorks □ EOPS □ DSPS □ Veterans

D. CCPG REQUIRED DOCUMENTS

Please attach a signed, typed statement which explains the extenuating circumstance that prevented you from CCPG SAP. Be sure to include specific information as it relates to the circumstance you’ve indicated in Section. Please attach with this appeal any documentation, which may include such items as medical documents, death certificates, newspaper articles, statements from professionals on letterhead paper, etc.

C. SIGNATURES

I certify that all the information on this form and any attachments and subsequent information provided to the SBCC Financial Aid Office is true, complete and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to appropriate administrators under AP 5500 Standards of Student Conduct.

Student’s Signature _____________________________ Date _____________________________

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