



Office of Financial Aid
 13300 West Sixth Avenue
 Lakewood, CO 80228
 (303) 914-6256 Phone
 (303) 914-6805 Fax
www.rccc.edu/finaid

Office of Academic Advising
 13300 West Sixth Avenue
 Lakewood, CO 80228
 (303) 914-6255 Phone

Financial Aid Satisfactory Academic Progress (SAP) Degree Evaluation

Students who have attempted between 110% -149% of the credit hours needed to complete their degree are encouraged to meet with an Academic Advisor to determine the best course of action to complete their degree prior to reaching 150% of the hours needed. Students who have attempted more than 150% are required to meet with an Academic Advisor and must include this form as part of their SAP appeal. If you have questions or concerns about the SAP standards, please visit the Financial Aid Office. You may also view the policy at <http://www.rccc.edu/financial-aid/satisfactory-academic-progress>. All sections of this form must be completed by an Academic or Faculty Advisor, and must be signed by both the Advisor and student to be valid.

Student's Name: _____ SID#: _____

Current Degree Program (Circle One): AA AS AGS AAS CERT

Degree Emphasis Area: _____

Specific classes / areas needed to complete program (*including the current semester*):

- 1) Please include only the courses that are required to complete the certificate or degree the student is pursuing at Red Rocks Community College.
- 2) Please make sure that the certificate or degree of study declared on this form matches what is declared with Admissions.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* If the required coursework exceeds the space provided, a print-out of the degree plan with required coursework noted will suffice.
 If the student is seeking more than one program, please provide a separate SAP Degree Evaluation for each.

Number of Credits Needed to Complete Degree Program: _____ Anticipated Graduation Date: _____

Advisor:

By signing this document, you certify that you have met with the student and discussed the requirements of the program that the student is pursuing. Also, you agree that the classes and total number of credits listed above are needed in order for the student to complete their course of study at Red Rocks Community College.

Student:

By signing this document, you certify that you have met with the Advisor and discussed the requirements needed to complete your program at RRCC. You also agree that you understand that, in order to be eligible for financial aid, you are required to complete your degree prior to attempting 150% of your degree requirements. If you will exceed this limit, an appeal of your SAP standing is needed. Students who deviate from the courses outlined in this document face the possibility of becoming Ineligible for Aid. You also understand that if a course substitution(s) is arranged, you must have the applicable academic department inform the Financial Aid Office of the course substitution prior to attempting the course.

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____