



## Non-Academic Appeal Form

Submit completed form and supporting documents directly to the Appeals Committee:

Email: [appeals.committee@cffp.edu](mailto:appeals.committee@cffp.edu)

Fax: (303) 220-1810

*Please allow two weeks for Committee review.*

### PART 1: STUDENT INFORMATION

<b>DATE:</b>	<b>STUDENT ID:</b>
<b>NAME:</b>	
<b>PHONE:</b>	<b>EMAIL:</b>

### PART 2: ENROLLMENT INFORMATION

Please specify the program or single course enrollment that was affected by your extenuating circumstances.

<input type="checkbox"/> CFP® Certification Education <input type="checkbox"/> <i>Program</i> <input type="checkbox"/> <i>Single Course:</i> _____ <input type="checkbox"/> LUTCF <input type="checkbox"/> <i>Program</i> <input type="checkbox"/> <i>Course:</i> _____ <input type="checkbox"/> Master of Science in Personal Financial Planning <i>Course:</i> _____ <input type="checkbox"/> Master of Science in Finance <i>Course:</i> _____	<input type="checkbox"/> AAMS® <input type="checkbox"/> APMA® <input type="checkbox"/> AWMA® <input type="checkbox"/> CRPC® <input type="checkbox"/> CRPS® <input type="checkbox"/> CSRIC™ <input type="checkbox"/> FPQP™ <input type="checkbox"/> WMS <sup>SM</sup>
<input type="checkbox"/> CFP® Exam Prep Review <input type="checkbox"/> CE (Continuing Education) Coursework	

### PART 3: REQUESTED RESOLUTION

<input type="checkbox"/> Course extension Please specify the amount of time requested: _____ <input type="checkbox"/> Refund of course tuition <input type="checkbox"/> Refund of fee(s) <input type="checkbox"/> Refund of program tuition <input type="checkbox"/> Refund of CFP® Exam Prep Review tuition <input type="checkbox"/> Waiver of fee(s) Please specify which fee(s): _____ <input type="checkbox"/> Other Please specify: _____
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### PART 4: EXTENUATING CIRCUMSTANCES

Please explain, in detail, the extenuating circumstances surrounding why you are requesting an appeal to College policy. Events outlined in this section must be supported with documentation.

The following conditions are examples of appropriate for exceptions to College policy:

1. Unforeseen medical incapacitation or physical or mental illness that took place during an active enrollment in a course and/or program
2. Death of an immediate family member (e.g. parent, sibling, child, spouse, domestic partner), or someone for whom you are the documented primary caretaker, which took place during an active enrollment in a course and/or program
3. Other severe and unforeseen circumstances that took place during active enrollment in a course and/or program

Cancellation and withdrawal refund dates are widely publicized. Therefore, appeals based on lack of awareness of dates will not be reviewed. In addition, requests **will not** be considered if:

1. Your circumstances did not take place during an active enrollment in a course and/or program
2. You received a final grade or an Incomplete for the course
3. You had a pre-existing condition that began or exacerbated prior to enrollment
4. You did not have access to required technology (internet access, functioning computer, etc.)
5. Your responsibilities at work increased

*Appeal forms submitted without supporting documentation will be held for seven (7) calendar days from the date of receipt while awaiting supporting documentation. If after 7 calendar days supporting documentation is not received, the request will be dismissed.*



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### PART 5: AGREEMENT AND SIGNATURE

**I understand that this request must be signed and submitted to the College for Financial Planning Appeals Committee. I also understand that any refund amount that may be awarded will be based on the College for Financial Planning's policies and procedures.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

-----**FOR OFFICIAL USE**  
**ONLY**-----

#### APPEALS COMMITTEE DECISION

APPROVED

DENIED

\_\_\_\_\_  
*Appeals Committee Chair Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appeals Committee Member Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appeals Committee Member Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appeals Committee Member Signature*

\_\_\_\_\_  
*Date*

Student Notified \_\_\_\_\_ (date)

Documented student's record \_\_\_\_\_ (date)



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