



Financial Aid Satisfactory Academic Progress Appeal

Name _____ Student ID Number _____

Address _____

City _____ State _____ ZIP Code _____

Phone (____) _____ Student Email Address _____

Quarter/Semester for which you are requesting reinstatement of your financial aid _____

Students may appeal financial aid suspension if **extenuating circumstances beyond the student's control** prevented him or her from meeting the standards. Students are required to maintain a 2.0 cumulative and quarterly GPA and a 67% completion rate. Students are placed on financial aid warning status prior to suspension. The Satisfactory Academic Progress policy is publicized on the college website and in the student's award letter therefore appeals due to lack of knowledge of the policy will not be reviewed.

1. You must submit (2) statements (preferably typed)-One statement should explain **in detail** what occurred and the other statement should explain **in detail** what has changed and the steps you will take to improve your academic performance. **Please include all periods you did not meet Satisfactory Progress Requirements.** You may want to review your transcript in BANNER web.

2. You must provide documentation (Documentation listed below)

- *Serious Illness-Medical Documentation from hospital or physician*
- *Death of Immediate Family Member (Obituary or Death certificate)*
- *Accident/Injury-Accident Report, Police Report, Medical Documentation of any sustained injuries*
- *Mental/Psychological Distress-Statement from therapist, social worker or counselor*
- *Other Extenuating Circumstances-Submit additional documentation other than your own statement of events. Notarized statements from professional individuals, relatives, etc.*

The financial aid committee reviews the letters and supporting documentation. Appeals are not guaranteed. You are responsible for payment of your tuition and fees if your appeal has not been reviewed and approved by the fee payment deadline.

If your appeal is approved you must follow a plan of action as detailed in your approval letter to maintain satisfactory progress. If you do not meet the requirements of this plan, your aid will be suspended.

Student Signature

Date

For Office Use Only

Incomplete Application Returned to student on this date _____

Complete Appeal submitted to committee on this date _____

Appeal Committee's Signature _____ Date _____

Approved _____ Denied _____ (denial reason) _____
