2011-2012 Financial Aid Appeal Form

Please submit this form if you wish to appeal your financial aid eligibility

Student Name: ________________________________  Campus Wide ID: ________________________________
Home Phone: ________________________________  Cell Phone: ________________________________

APPEAL DEADLINES: Complete appeals must be submitted by the dates below: Late or incomplete appeals will not be reviewed.
FALL 2010 APPEAL:  (September 9, 2011)  SPRING 2011 APPEAL:  (February 10, 2012)

Reason(s) you are not making satisfactory academic progress. (Check all that apply)

☐ My cumulative GPA has fallen below the minimum requirement.
☐ My completion rate is less than the required 67%
☐ I have exceeded the maximum time frame allowed for my degree.
☐ I am pursuing a second degree.

If you were on appeal last year check the statement that applies to you:

☐ I was on appeal last year and I earned 100% of all attempted hours with a minimum of a 2.2 (3.2 for grad) each semester. If this statement is correct. No further information is required. Sign and submit this form to the financial aid office.

☐ I was on appeal last year and I DID NOT earn 100% of all attempted hours and/or earn a minimum 2.2 (3.2 for grad) each semester. Explain why you were unable to meet the requirements of your previous appeal.

Complete the following to appeal the loss of your financial aid:

• Complete this form; attach a letter explaining the extenuating circumstances that resulted in your lack of academic progress and documentation to support your circumstances. Include in your letter how your situation has changed and the steps you are taking to resolve your circumstances.
• Extenuating circumstances may include prolonged illness medical condition, or injury to student or immediate family member, death of an immediate family member or circumstances beyond your control that prevented you from meeting SAP requirements.
• Documentation may include, physician’s letter and hospital records (must include dates of illness), death certificate or obituary, court or police documents, letters from other professionals confirming your extenuating circumstances.

If you have exceeded the hours allowed for your degree, complete the following:

1. Number of hours needed to graduate: __________________________  Expected graduation date: __________________________
2. Submit a copy of your degree plan listing all remaining classes needed to graduate. You may request a degree plan from your Academic Advisor or your Dean’s Office
3. If you have exceeded the Time-Frame allowed for your FIRST DEGREE, please explain the circumstances that prevented you from completing your degree within the allowed time
4. If you are pursuing a SECOND DEGREE, please explain your educational goals and how this second degree will enhance your job opportunities.

** LATE OR INCOMPLETE APPEALS WILL NOT BE REVIEWED **

I certify that all information and documentation submitted with this appeal is true. I understand that my appeal may be denied or approved conditionally by the appeals committee. I also understand the decision is final.

________________________________________________________________________________________________________________________________________

Student’s Signature  Date.