THE APPEAL PROCESS

1. The Financial Aid Appeal Committee will review all appeals. This complete form should be submitted along with all supporting documentation to the Office of Student Financial Aid (ND 139).

2. All appeals will be reviewed on the basis of the documentation submitted. Further documentation maybe requested prior to a final decision being made. The student will be notified in writing of the appeal review decision.

** This form is to be used to appeal financial aid suspension only **

If you must appeal an academic suspension, contact the Office of Academic and Student Affairs.

INSTRUCTIONS FOR COMPLETING THE APPEAL FORM

1. Complete the Personal Data section.

2. Complete the Student Statement section. Write a personal statement indicating the extenuating circumstances which prevented you from meeting the Satisfactory Academic Progress (SAP) standards.
   - State what extenuating circumstance or problem occurred.
   - State how the circumstance or problem affected your academic studies.
   - State how the circumstance or problem has been resolved.

Please note that a situation that is used for appeal can only be used once.

3. Attach third party documentation.

Your documentation should include the following information:

- **Medical Appeals** - A statement from your doctor indicating the medical problem for which you were treated and how the problem interfered with your academic studies. Your doctor should also state whether the problem has been resolved and give a professional opinion regarding your ability to return to school.

- **Personal or Family Problems** - A statement from a doctor, therapist, clergyperson, academic advisor, or other appropriate person(s), who can verify the problem and how it affected your academic studies. The documentation should also include an opinion regarding the resolution of the problems and your ability to return to school.

- **Death/Immediate Family (parents, siblings, spouse or children)** - A copy of the death certificate, memorial card, church bulletin or obituary.

- **Death/Not Immediate Family** - A copy of the death certificate, memorial card, church bulletin or obituary. Also include a statement from a doctor, therapist, clergyperson, academic advisor, or other appropriate person(s) who can verify the problem and how it affected your academic studies.

- **Work Related Problems** - A statement from your employer stating the nature of the problem and how it affected your academic studies. If the problem was increased work hours, your employer should also indicate when the increase took place and whether the increase in hours was mandatory.

- **Learning Disability (Newly Diagnosed)** – A statement from the Special Needs Coordinator of the College stating that you have recently been tested for a learning disability. This documentation, which is kept in the coordinator’s office can be used only once for an appeal. Once reasonable accommodations have been made, the learning disability can no longer be considered.
FINANCIAL AID APPEAL FORM

PERSONAL DATA

NAME ___________________________________________ Student ID# ____________

Last

First

ADDRESS ___________________________________________

CITY ___________________ ZIP _______ PH #____________________

Daytime Evening

Total Credits Earned _______ Program of Study ____________________________

Expected Graduation Date __________

Check and complete all items below which apply to this appeal:

_____ I did not complete the minimum credit requirement for financial aid eligibility.

List semester/year __________________________

_____ I have reached the maximum semesters of enrollment allowed for consideration of financial aid eligibility.

_____ I did not attain the minimum required grade point average.

_____ I have not appealed on the basis of this circumstance before.

FOR OFFICE USE ONLY

This appeal has been: Granted ___________ Denied ___________ Pending ___________

Date Date Date

The basis for this decision is:

________________________________________________________________________

________________________________________________________________________

Restrictions:

________________________________________________________________________

Items which were taken into consideration when granting or denying this appeal:

_______ GPA _______ Previous Appeals _________ Review of Written Documentation

All students must be notified in writing as to the outcome of their appeal. Attach a copy of the letter to this form.

Student Notified _______________ Reviewer’s Signature __________________________

Date
STUDENT STATEMENT

Please explain the circumstances which prevented you from maintaining Satisfactory Academic Progress for Financial Aid purposes. Use additional paper if necessary. **Attach all appropriate documentation to this form.**

Student Signature ___________________________________________ Date __________________________