



Complete all sections **in ink**. Student must sign form. Mail or deliver form and supporting documentation to SCC Financial Aid at address above. **Review of this form by SCC Financial Aid is required to determine financial aid eligibility.**

SECTION A. STUDENT INFORMATION

Last Name		First Name		MI		Student ID # (Required)	
Mailing Address						Date of Birth	
City			Home Phone (with area code)			Cell Phone (with area code)	
State		Zip Code		Email			

SECTION B. APPEAL INFORMATION

Continued eligibility for financial aid is determined, in part, by maintaining Satisfactory Academic Progress (SAP) toward the completion of a degree program. Students who fail to meet academic progress standards are ineligible for federal and state financial aid.

Components of Satisfactory Academic Progress include:

- 2.0 cumulative grade point average
- Completion of 67% of all credit hours attempted at SCC and credits that transfer from other institutions
- Completion of a degree within 150% of the published length of the program

Federal regulations and SCC policy allow a student to appeal financial aid ineligibility under certain conditions with proper documentation. Specific extenuating circumstances may prevent a student from completing a semester or specific hours in a semester. Students who have not maintained Satisfactory Academic Progress due to dropping classes, withdrawing from the College, or receiving an "Incomplete" or "F," may appeal their financial aid suspension **if extenuating circumstances beyond the control of the student were involved and can be supported with proper documentation:**

The student experienced:	Examples of proper documentation to support extenuating circumstances:
An extended illness or hospitalization OR An accident or injury which incapacitated the student	Physician's statement on letterhead that: 1) Details the date/s of treatment 2) Confirms or denies that the condition/s required student to miss school or prevented completion of classes 3) Affirms that the situation has been completely resolved, and if not, what steps are being taken to resolve it, and what size course load, if any, is recommended
The extended illness and/or the death of an immediate family member which resulted in greater family responsibility for the student	1) Student's statement detailing his/her relationship to the family member and explaining what role he/she played in the person's care 2) Physician's statement as outlined above for family member's illness 3) Professional counselor's statement on letterhead confirming that the student sought help dealing with the situation, if applicable 4) A copy of family member's death certificate, obituary notice, or letter from the funeral home on letterhead, if applicable
Serious personal problem/s that prevented completion of classes	Statement, if applicable, on letterhead from a professional counselor, minister, or attorney that: 1) Dates and details the students serious personal problem/s 2) Explains how the problem/s prevented the student from succeeding in school 3) Details the resolution of the problem/s or what steps have been taken to resolve the problem/s 4) Tells what size course load, if any, is recommended
Military deployment	A copy of official military orders
Termination of financial aid due to Maximum Time Frame rule	A graduation plan completed and signed by student's academic advisor that lists the courses needed to graduate and when each course will be taken

SECTION C – STUDENT APPEAL REQUEST [Attach a separate page if additional space is needed for any question]		
1) Please indicate the semester you are requesting to have your financial aid reinstated:		
<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
PLEASE NOTE: If any of the following sections that apply to your situation are left blank or you do not provide supporting documentation, YOUR APPEAL WILL BE CONSIDERED INCOMPLETE AND WILL BE DENIED.		
2) Have you previously submitted an appeal?	<input type="radio"/> Yes <input type="radio"/> No	
3) Please list every semester during which you did not successfully complete (i.e., pass) all your classes or your semester GPA was below 2.0. (Please check with the Financial Aid Office if you are not sure which semesters to include.) Explain each incident in detail. Documentation must be provided that supports the extenuating circumstances that occurred in each semester listed.		
4) Tell how each situation has been resolved so it will not reoccur. Specifically, describe the changes you will employ to enable you to meet academic progress requirements at the end of your next term of enrollment and/or to complete <u>all</u> your classes with a semester GPA of at least 2.5?		
5) A Maximum Time Frame appeal is for students who have attempted the maximum allowable credit hours for their program of study and, therefore, have no financial aid eligibility remaining. For this type of appeal, you must explain what caused you to exceed the Maximum Time Frame and how many credits are needed to complete your program. For each semester during which you did not successfully complete all your classes, please explain the reason/s why you were unable to do so. [A graduation plan signed by your advisor is required.]		
6) Personal Statement – You may attach a separate page for a statement.		

SECTION D – CERTIFICATIONS AND SIGNATURES: The student must sign this form in ink.			
I understand that decisions on appeals are processed on a case-by-case basis. I am aware this appeal is for one semester only. If approved, I will be placed on probation and am expected to make academic progress in the semester for which my appeal has been approved. If I complete 100% of attempted classes in that term with at least a 2.5 semester GPA, my appeal status may be continued to the next term. I understand that I may be required to follow a more stringent academic plan to ensure that I am able to meet SAP standards prior to graduation. If I do not meet the requirements to continue my appeal, I understand that I will be placed on suspension again. I am aware that continuation of approved appeals will not be reviewed until the current semester's grades have been evaluated and officially documented by the Registrar's Office. I understand that all outstanding transcripts for colleges I have attended must be submitted to SCC Admissions and evaluated for transfer credits <u>before</u> my appeal can be reviewed. Furthermore, I have read SCC's Financial Aid Satisfactory Academic Progress Policy.			
I certify that I the information I have provided is true and accurate.			
Student Signature – REQUIRED		Date	