

## 2017-2018 Appeal Request Form

_____		_____		_____	
Last Name		First Name		M.I.	
_____			____/____/____		
Social Security Number or Student ID			Date of Birth		
_____		_____		_____	
Address (include apt no.)		City		State	
_____		_____		_____	
____(____)		_____			
Student's Phone Number		Student's Email			

**\*Email must be active and current. Financial Aid will use this address to contact you\***

Semester for which you will be appealing

Fall     Spring

### **Deadlines to file an appeal:**

**Fall Semester — August 14, 2017    Spring — January 6, 2018**

A student who is not making Satisfactory Academic Progress can appeal to the Financial Aid Appeal Committee if; per Federal Regulations the student falls under one or more of the following hardships.

Please check condition(s) under which you are applying for an appeal:

- Death of an immediate family member of the student
- An injury or illness of the student or an immediate family member
- Other special circumstances that prevent the student from making Satisfactory Academic Progress (SAP)
- Length of attendance in excess of 50 semester hours for a Certificate Program or 105 semester hours for an Associate Degree Program
- Re-evaluate appeal, paid semester(s) with my own funds (submit a revised Degree Outline)

Explain any hardship, providing as much information as possible. Verification of any hardship(s), such as medical documents, death certificates/obituary, etc. should be submitted to the Financial Aid Office. Your documentation should refer to the semester(s) you were placed on probation as well as the semester you were placed on suspension.

If more room needed attach additional pages.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date