FINANCIAL AID APPEAL FORM

Name_________________________________  Student No.___________________

FINANCIAL AID APPEAL PROCESS (Effective Spring Semester 2014)

A student who loses his/her eligibility for financial aid because of a failure to meet the academic progress requirements may appeal if there are extenuating circumstances. The student will be allowed to appeal one time. The student must complete this form, attach supporting documentation of the claim(s), and submit to the Financial Aid Office. Please do not leave any spaces blank.

All appeals will be reviewed by the Financial Aid Committee, which meets at least once per month, and the decision of the committee is final. Each student will be notified in writing as to the outcome of his/her appeal. An approved appeal is void after three (3) consecutive semesters of non-enrollment.

APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED

Reason for loss of financial aid:

_____ GPA too low
_____ 2/3 of work not successfully completed
_____ Exceeded maximum time frame in credit hours (must attach completed Advisor Form)

Special/extenuating circumstances that caused unacceptable progress:

Action taken to correct above circumstances:

**Documentation supporting claims stated above must be attached. **

- I understand by submitting this financial aid appeal on the date stated below, the documentation will not be reviewed for consideration until the following month.
- I understand the financial aid appeal process and that this appeal may not be considered if I fail to follow instructions listed.
- I have reviewed the guidelines of the Standards of Academic Progress found in Southern Union State Community College Student Handbook and Catalog
- I understand that if my appeal is approved, by signing below; I agree to follow the stipulations of my appeal given by the Financial Aid Appeals Committee.

Signature_________________________________ Date___________________

** (Yes) ____ (No)

Are you currently serving an academic suspension?