

SOUTHERN UNION STATE COMMUNITY COLLEGE

FINANCIAL AID APPEAL FORM

Name _____ Student No. _____

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 circumstance that caused unacceptable progress:

Action taken to correct above circumstance:

Documentation supporting claims stated above must be attached.

Signature _____ Date _____

FINANCIAL AID APPEALS 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.

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