

SOUTHERN UNION STATE COMMUNITY COLLEGE



Are you currently serving an academic suspension?
_____ (Yes) _____ (No)

FINANCIAL AID APPEAL FORM

STUDENT NAME (print) _____ Student A# _____

Phone () _____ Email _____

Reason for loss of aid:

_____ GPA TOO LOW

_____ 2/3 OF WORK NOT SUCESSFULLY COMPLETED

_____ Exceeded maximum time frame (must see advisor and attach **COMPLETED** Advisor Form)

Appeal Packet Requirements

The appeal packet must include the following items:

1. This form completed and signed.
2. A signed statement indicating rationale for appeal. The statement must include the following:
 - a. State clearly and specifically all the reason(s) why you failed to meet academic progress. Please be as specific as possible with dates, facts, etc.
 - b. In the same statement, explain how and why your situation is different now. Be as detailed as possible.

(If either of these statements are not explained, your appeal will be denied)
3. Provide third party documentation to support your claim of extenuating circumstances. **Lack of documentation will lead to the denial of your appeal.** Supporting documentation may include medical records, obituaries, birth records, police reports, legal records, military service, etc.
4. 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**.
5. Attach all required items to this form and submit to the Financial Aid Office.

*****An approved appeal is void after (3) consecutive semesters of non-enrollment*****

*****A student can only appeal once.*****

****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 will 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 _____

Wadley Campus
P.O. BOX 1000
WADLEY, AL 36276
256-395-2211

Opelika Campus
301 LAKE CONDY ROAD
OPELIKA, AL 36801
334-745-6437

Valley Campus
FOB JAMES DRIVE
VALLEY, AL 36854
334-756-4151