Financial Aid Denial Appeal Form

Name: ___________________________________________  NCCC ID#: __________________________

One or more of these Satisfactory Academic Progress categories applies to you. Please refer to the letter you were sent to determine which apply to you.

- Low Grade Point Average-Your cumulative program grade point average is less than 2.0.
- Low Completion of Attempted Course Work-You have completed less than 67% of your attempted credit hours.
- Totally Unsuccessful in One Semester-All of your grades were unsuccessful for all classes in a single semester.
- Too Many Credit Hours for Associate Degree Objective-You have attempted more than 96 credit hours toward your certificate or associate degree program(s).

Appeal Requirements:
1. Complete all sections of the appeal.
2. Provide supporting documentation.
3. Submit this form and supporting documentation to the financial aid office at your campus by mail, fax or email.

Failure to submit both this form AND supporting documentation will result in a denied appeal.

You can expect it to take 10-14 working days to review your appeal. Processing time may be longer during peak office periods.

SECTION 1: EXPLAIN YOUR CIRCUMSTANCES AND PROVIDE DOCUMENTATION

A. Mark all special circumstances you feel prevented you from making satisfactory academic progress.
   _____ a. Personal problems (family issues, relationship issues)
   _____ b. Serious injury requiring extended recovery time
   _____ c. Death or serious illness of an immediate family member
   _____ d. Significant trauma that impaired my emotional and/or physical health
   _____ e. Juggling too much (work, school and family)
   _____ f. Illness (recent or long-term)
   _____ g. Academic major problems (change of major, etc.)
   _____ h. Transfer or prior degree hours that do not apply to current major/degree
   _____ i. Job related problems
   _____ j. Other ___________________________________________________________

B. Provide documentation of circumstances. You must provide at least one type of supporting documentation for your appeal. Choose the documentation you feel best fits your situation. Examples: death certificate, obituary, court documents, divorce decree, marriage license, bills, nursing acceptance letter, letters from involved third parties such as doctors, counselors, employers, instructors, academic advisors, etc.)

List the documentation you are attaching to this form on the line below.

__________________________________________________________________________________

__________________________________________________________________________________
C. **Explain your specific circumstances (as marked above) that led to financial aid denial.** Be as detailed as possible and address each term in which you had difficulties; it may be helpful to reference your transcript while explaining each term’s circumstances. (Attach additional paper if necessary.)

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D. **Describe how you have changed your behavior to assure successful academic progress.** Be as detailed as possible. If you have struggled with low GPA or not passing 67% of your classes, address particular courses or situations that have been problematic for you and your strategies for success. If you are appealing for over 96 attempted hours address strategies you will use to complete your degree in a timely fashion. (Attach additional paper if necessary.)

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SECTION 2: **DESCRIBE YOUR ACADEMIC PLAN**
It is strongly recommended that you meet with your academic advisor to discuss your academic plan.

A. **Degree/Certificate Being Sought:** ________________________________

B. **Projected Graduation Date: Semester:** ___Fall ___Spring ___Summer  **Year:** 20__

C. **List Remaining Courses** (attach additional pages if necessary) **NOTE:** If only one semester remains before graduation you may submit a student schedule to show your remaining courses.

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I understand that submission of this appeal does not guarantee approval. The information I have provided is true and correct.

**Student’s Signature**__________________________________________ **Date**________________________