



2019-2020 FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student's Name (PRINT): _____ HCCC ID: _____ Phone: (____) - _____

According to HCCC Federal and State Financial Aid Satisfactory Academic Progress Policy, students not making progress can appeal that decision to the Office of Student Financial Assistance. Financial Aid Satisfactory Academic Progress (SAP) is cumulative in nature and takes into account ALL classes attempted, not just the previous academic year. You should review the SAP policy on the College website. If you have experienced extenuating circumstances that prevented you from satisfying the requirements, you may appeal using this form. Details of the SAP policy, measurement and appeal procedure can be found online at <https://www.hccc.edu/financialaidpolicy/>

Please select the reason for your SAP Appeals (select one 1 or 2)

For **MAXIMUM TIME FRAME** Appeals, answer the following:

Students may request to have their maximum timeframe extended under the following circumstances:

- Program of study has changes from _____ to _____.
- I have an Associate Degree and am pursuing a dual or second degree or certificate.
- I have earned a Bachelor's Degree (or higher) and am pursuing another degree or certificate
- Other (Please explain)

Anticipated Graduation Date (optional): _____

For **GPA/COMPLETION RATIO** Appeals, please explain the unusual or extenuating circumstances beyond your control that led to your inability to maintain satisfactory academic progress.

REASON FOR APPEAL (DETAILED EXPLANATION)

WHAT CHANGES WILL YOU MAKE AND/OR RESOURCES YOU WILL USE TO ENSURE YOUR FUTURE ACADEMIC SUCCESS. **Check all that apply:**

- Arrange tutoring sessions
- Rearrange work schedule
- Letter of recommendation from advising or professor
- Other, please explain
- Meet with a counselor/advisor
- Arrange childcare

Supporting documentation MUST be submitted to support the reason(s) for appeal. An appeal will be denied without sufficient supporting documentation. Please check the type of supporting documentation you are submitting with this form (check all that apply**).**

- Medical documents or statement regarding an accident, condition or serious illness
- Documented learning disability (letter from counselor)
- Certificate of death of a family member or friend (obituary)
- Involuntary call to active military duty (military orders)
- Change in condition of employment (pay check stubs)
- Police reports, transcripts, accident reports, court records, divorce degree
- Other: Specify _____

Put icon here to attach documents

Important: Letters from family, relatives and friends are not recommended. If this is the **ONLY** information you can provide, you must meet with a Financial Aid Counselor to determine what is acceptable.

PLEASE READ AND INITIAL THAT YOU UNDERSTAND THE STATEMENTS BELOW

- _____ I understand that I must meet SAP requirements to maintain eligibility for student aid.
- _____ I understand that I must meet the requirements of my Academic Plan, which states that I must complete 100% of the courses, which I attempt. No F, NP, I, R, or W grades and must have a 2.0 GPA for the term.
- _____ I understand that if I will not be making SAP at the conclusion of a semester and has not met the term of my academic plan, I will not be eligible for financial aid and I will be responsible for my tuition bill.
- _____ I verify that all the above statements and attached documentations are true and accurate.
- _____ I understand that if for any reason financial aid is denied, I am deemed ineligible; I am responsible for paying my tuition bill.

You will be notified of the final decision concerning your appeal via email. You must make other payment arrangements to cover your tuition, fees and other expenses if you wish to enroll prior to review of your appeal.

By electronically signing, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence or both.

Student Signature: _____ **Date:** _____