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. Reasons that may be acceptable for the appeal are: (1) serious illness or accident involving the student; (2) death, accident, or serious illness in the immediate family; (3) other extenuating circumstance may be acceptable and will be considered.

To appeal for financial aid probation, you must provide the following information:

- Attach a DETAILED letter explaining the reason you have not met Satisfactory Academic Progress requirement, and the actions you have taken to correct the situation.
- Enclose supporting documentation from doctors, advisors, psychologists, death notices, separation notices, divorce decree, accident reports, etc.

Important: A student on Financial Aid Probation may not receive funds for the subsequent payment period UNLESS: (1) student is now making SAP or (2) students met requirements specified in the ACADEMIC PLAN.

Please initial:

__________ I have read the Financial Aid Satisfactory Academic Progress Policy.

__________ I understand that I must meet Satisfactory Academic progress 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 for the term. No failures “F” or “R” grades or withdrawals “W”, no incomplete “I” or no credit “NC” grades and earn a term GPA of 2.00.

__________ I understand that if I will not be making Satisfactory Academic Progress 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 understand that my appeal may be denied if I fail to provide a personal statement and documentation to support my appeal or if I still need too many hours to complete my program or did not meet the maximum time frame.

__________ I verify that all of the above statements and attached documentation are true and accurate.

__________ I understand that if for any reason financial aid is denied or I am deemed ineligible, I am responsible for paying my tuition bill.

________________________________________  __________________________
Student Signature                        Date

FOR OFFICE USE ONLY:   APPROVED            DENIED

Financial Aid Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Financial Aid Officer:                      Date:

THIS PROCESS IS REQUIRED AND MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR FINANCIAL AID

Office of Student Financial Assistance, 70 Sip Avenue, Jersey City, NJ 07306 Tel: (201)360-4200  Fax: (201)420-4863