

Appeal Deadline Dates
 Fall – November 15
 Spring – April 15
 Summer – July 15

Financial Aid Appeal

Please check year and semester appealing for	Fall <input type="checkbox"/>
	Spring <input type="checkbox"/>
	Summer <input type="checkbox"/>
<input type="checkbox"/> 2008-2009	
<input type="checkbox"/> 2009-2010	

Instructions: ● Read and follow instructions completely. ● Please complete in black ink ● Submit all documentation with appeal form. ● Include name and Social Security Number. ● Allow four weeks for processing of this appeal. ● **Be prepared to pay your tuition and fees in the event your appeal is denied or is not processed before payment is due.**

Student Section

Name		
Social Security Number	Date of Birth	
Address		
City	State	Zip Code
Phone number	Email	
Declared Major	Catalog Year	
If a degree plan is required and approved, the student will receive funding only for the classes on the approved degree plan. The student is responsible for informing the Financial Aid Office of any updates to or changes to the degree plan. I certify that all the information submitted is accurate and complete:		
Student Signature		
Date	Anticipated Graduation from ACC or Transfer Date	

Reasons for Filing an Appeal

<p>Requires Advising Specialist/Counselor referral and signature</p> <p><input type="checkbox"/> Less than 2.0 cumulative GPA</p> <p><input type="checkbox"/> Less than 67% cumulative completion rate</p> <p><input type="checkbox"/> Suspension—did not meet prior appeal criteria</p>	<p>Requires Advising Specialist/Counselor/Dean/Dept. Chair/Faculty Advisor referral & signature</p> <p><input type="checkbox"/> Bachelor degree or higher</p> <p><input type="checkbox"/> Attempted over 150% toward an Associate's Degree</p> <p><input type="checkbox"/> Attempted over 150% of Certificate Program</p>
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To File an Appeal

<ul style="list-style-type: none"> • Write a detailed letter of appeal. • Documentation must be submitted to support your letter of appeal Your declared major with admissions must be the same as this appeal. • Sign and Date your appeal letter. <p>Address the following issues in your letter:</p> <p>a) What circumstances/events occurred that prevented you from meeting the satisfactory progress requirements?</p> <p>b) What steps have you taken, or will you take, to resolve this situation?</p>	<p>OR</p> <p>a) Indicate your reasons for going beyond the limited approved hours. Please list the course of study you plan to follow, the estimated time to complete and number of hours you plan to enroll for each semester.</p> <p>b) Attach a signed ACC degree plan indicating the courses that are still required, including any prerequisites needed.</p>
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Letter of Appeal

Use the following page to write your appeal. Use a separate sheet if needed. **Documentation must be submitted to support your appeal. Sign and Date** your appeal letter.

Name

Social Security Number

Signature

Date

Name	Social Security Number
Advising Specialist / Counselor Section	
<i>This section should be completed if the student has dropped below 2.0 GPA or 67% completion rate.</i>	
Advising Specialist/Counselor's Name	
Is the student making reasonable progress towards completing his/her degree requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Please complete and return this document to the student.	
Advising Specialist/Counselor's Comments	
Signature	Date

Advising Specialist / Counselor / Dean / Department Chair / Faculty Advisor Section	
<i>This section should be completed if the student has exceeded the maximum time frame of 150% of the published length of the academic program or certificate.</i>	
The student must meet with an Advising Specialist/Counselor/Dean/Department Chair/Faculty Advisor. Attach a signed ACC degree or certificate plan indicating the required courses the student needs to complete, including any prerequisites. Final approval of the degree plan or certificate for graduation is provided by the Admissions and Records Office.	
Advising Specialist/Counselor/Dean/Department Chair/Faculty Advisor Name	
Signature	Date

Name		Social Security Number	
Financial Aid Office Use Only			
Appeal Number:		Semester of last Appeal:	
GPA:		Loan Burden:	
Comp. Rate:		EFC:	
Total hours attempted at ACC:		Total transfer hours:	
College hours:		College hours:	
Developmental hours:		Developmental hours:	

Date of Decision	Campus Appeal Committee: <input type="checkbox"/> Financial Aid Committee <input type="checkbox"/> CYP <input type="checkbox"/> EVC <input type="checkbox"/> NRG <input type="checkbox"/> PIN <input type="checkbox"/> RGC <input type="checkbox"/> RRHEC <input type="checkbox"/> RVS <input type="checkbox"/> SAC
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Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	Financial Aid Signature
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Condition(s) of Appeal: Standard Other _____

Reason(s) for Pending Status: _____

Awarded: Yes No, reason: _____

Letter sent to student: _____
Date