



FINANCIAL AID APPEAL FORM
 SATISFACTORY ACADEMIC PROGRESS
 Financial Aid

Please Print

Name: _____ Student ID Number: _____

Date of Birth: _____ Telephone #: _____

Which term will you be attending next? (circle one): Fall Spring Summer

What is your current major: _____ Expected Graduation Date: _____

The information provided on this form, in my written statement and all accompanying documentation, is accurate and complete to the best of my knowledge. I agree to provide additional documentation if requested by the ACC Financial Aid Office.

If my appeal is approved, I understand that I must meet the following criteria for each semester until I am in good standing according to the Satisfactory Academic Progress policy. I will:

1. Successfully complete all the courses that I take with no failures, withdrawals, incompletes, or audit grades.
2. Maintain a semester grade point average of 2.0 or higher.
3. Successfully complete my degree by following the academic plan and timeframe provided in the appeal (if requesting an extension of the maximum timeframe requirement.)
4. Follow any other stipulations listed in the appeal approval notice.

 Student Signature

 Date

REASON FOR THE APPEAL

In addition to completing this form, you must also attach a written statement explaining the extenuating circumstances that occurred which prevented you from successfully completing all of your classes during your prior semester or attendance and what has changed in your life that would allow you to successfully meet satisfactory academic progress at the next evaluation. The Appeals Committee will review your written statement and **supporting documentation** to make a decision on your appeal. Therefore, it is your responsibility to thoroughly explain and document your appeal. *Appeals without supporting documentation could be denied.*

Situation	Required Documentation
Please check the situation that applies	Failure to submit documentation could cause the denial of your appeal.
<input type="checkbox"/> Illness or Injury	<input type="checkbox"/> Write a statement explaining the illness or injury, when it occurred, and the duration. <input type="checkbox"/> Provide a statement from your doctor citing the illness or injury and releasing you to return to school.

<input type="checkbox"/> Work Schedule Change	<input type="checkbox"/> Write a statement explaining how your work schedule change affected your academic progress. <input type="checkbox"/> Provide a statement from your employer verifying the schedule change or date of hire (if new job). Your current employer's statement should also confirm that your work schedule will not interfere with classes in the future.
<input type="checkbox"/> Daycare Problems	<input type="checkbox"/> Write a statement explaining your daycare problem and how it affected your academic progress. <input type="checkbox"/> Provide documentation verifying that you currently have reliable daycare for your child(ren) while you are in school.
<input type="checkbox"/> Transportation Problems	<input type="checkbox"/> Write a statement explaining what your transportation problems were. <input type="checkbox"/> Provide documentation of your transportation problems. <input type="checkbox"/> Provide documentation to show that you now have transportation (example: insurance card, title, registration, etc.).
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Write a statement explaining the individual's relationship to you and their date of death. <input type="checkbox"/> Provide a copy of a death certificate, obituary, or letter from a professional (lawyer, minister, doctor).
<input type="checkbox"/> Other	<input type="checkbox"/> Write a statement explaining the situation. <input type="checkbox"/> Provide supporting documentation that verifies the circumstances you describe in your statement.
<input type="checkbox"/> Extension of Maximum Timeframe	<input type="checkbox"/> Write a statement explaining why you have not yet completed your program or indicating if you are working on an additional degree or certificate. <input type="checkbox"/> Provide an <i>academic plan</i> that will include a program evaluation from WebAdvisor, a list of the classes you still need to take at ACC, the semester you will be taking those classes and your expected completion date.

Please attach your written statement and documentation to this form and return to the ACC Financial Aid Office, 665 Johnson Street, Alpena, MI 49707, or FAX to 989-358-7541.