Office of Student Financial Assistance
finaid@northshorecollege.edu

Financial Aid Appeal Form

Student Information

Last Name                                                                 First Name
NTCC Student ID

Email Address                                                                 Phone Number (include area code)

ATTENTION STUDENTS: Submitting this form does not guarantee reinstatement of financial aid. The student is responsible for any charges incurred during periods of ineligibility even if the appeal is not approved. You will be notified of the outcome of your appeal within 10-15 business days.

INSTRUCTIONS: Submit this completed form with all supporting documentation to the Financial Aid Office. Submission of the appeal without documentation will be DENIED. Appeals should be delivered to the campus location or emailed to finaid@northshorecollege.edu

Semester you are requesting an appeal: Year _______________________________

Fall ___________  Spring ___________  Summer ___________

Please Indicate Type of Appeal: (select all that apply)

☐ Financial Aid: Must maintain a 2.00 GPA and complete at least 67% of the classes attempted
☐ Max Hours (Provide a list of remaining classes required for your current or second degree signed by your Faculty Advisor.)
☐ Change in major (Provide change of major form)

EXTENUATING CIRCUMSTANCES: Extenuating circumstances are considered to be significant life experiences that impacted your emotional and/or physical health so much that you were unable to make good academic progress while meeting SAP.

Examples of significant extenuating circumstances include:

☐ Medical illness and/or injury (supported by medical documentation)
☐ Death in immediate family: parent, spouse, child, grandparents, siblings, aunts or uncles (supported by copy of death certificate AND/OR obituary)
☐ Call to active military duty (supported by copy of military orders)
☐ Legal problems or police matters
☐ Foreclosure or eviction

All of the examples above must pertain to the semester(s) in which you did not meet Satisfactory Academic Progress.

You may NOT base your appeal on:

• Your need for financial aid
• You did not know what classes to register for
• Your lack of knowledge that your financial aid was in jeopardy
• You did not know what to major in
• The classes that you took were many years ago
• You did not attend class, or stopped going to class
• You were not focused or committed to your education
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**APPEAL STATEMENT:** Attach a typed statement describing the circumstance that kept you from meeting the established academic standards during your most recent semester. Also explain how that situation has changed so that you can now meet the standards. You will need to document this situation.

**ATTACH A TYPED STATEMENT**

**ACADEMIC PLAN:** The requirements within the Academic Plan must be met to regain eligibility. Students will need to meet the standards of the Academic Plan each payment period until meeting the SAP standards.

Not enrolling in college for a period of time then re-enrolling will not bring the student into compliance with the SAP policy, and may require the student’s academic plan to be re-adjusted.

At minimum, the Academic Plan will require that the student do the following:

1. Earn a GPA of 2.25 each payment period
2. Pass 75% of all hours attempted each payment period

(MUST initial)

_____ I must make at least a 2.25 semester GPA in the courses that I am taking each payment period.

_____ I must pass 75% of all hours attempted each payment period with a “C” or better. (No D’s, F’s, W’s or I’s will be accepted).

_____ I have met with my academic counselor regarding any specific requirements necessary for my individual college.

**CERTIFICATION:** I certify all the above information submitted is accurate. I further understand that incomplete appeals, including those with missing or insufficient documentation, will be denied. I fully understand that approved appeals will have conditions established in the approval of the appeal, and that those conditions must be met to be considered for future aid.

Student Signature: ___________________________________________ Date: __________________________

For Office Use Only

Previous Appeals: ___Yes ___No  Reason for Appeal  ☐ GPA  ☐ Pace of Progression  ☐ Maximum Timeframe

Approval Conditions:

________________________________________________________________________________

________________________________________________________________________________

Denial Reasons:

________________________________________________________________________________

________________________________________________________________________________

Approved: ___ Denied: ___ Signature: ____________________________________________ Date: _/__/__