



## Financial Aid Appeal Form

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### Student Information

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Last Name

First Name

NTCC Student ID

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Email Address

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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. Check your LOLA and/or email for updates. Incomplete appeals will be DENIED if additional required information is not submitted by the 15<sup>th</sup> business day after request has been made.

**INSTRUCTIONS:** Submit this completed form with typed statement explaining the situation that prevented you from meeting SAP and all supporting documentation (if requested) to the Financial Aid Office. Submission of documentation MAY BE required upon request. If documentation cannot be provided within 15 business days of request, the appeal will be DENIED. Appeals should be delivered to the campus location or emailed to [finaid@northshorecollege.edu](mailto:finaid@northshorecollege.edu)

Please check the semester below and insert the year you plan to attend that you are requesting this SAP appeal to be reviewed:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

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

- ☐ Must maintain a 2.00 GPA
- ☐ Complete at least 67% of the classes attempted
- ☐ Max Hours (Provide a list of remaining classes (degree audit) required for your current or second degree signed by your Faculty Advisor or Student Services.)

**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 if requested)
- ☐ Death in immediate family (supported by copy of death certificate AND/OR obituary if requested)
- ☐ Call to active military duty (supported by copy of military orders if requested)
- ☐ 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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### **ATTACH A TYPED STATEMENT**

**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 may be asked to document this situation if required by the Appeal Committee.

**ACADEMIC PLAN:** If SAP appeal is approved, student will be placed on an Academic Plan that is specific to the student's academic standing. The requirements within the Academic Plan must be met to continue to be eligible. 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.

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

- (1) Earn a minimum GPA of 2.00 each payment period (GPA requirement specific per student if appeal is approved).
- (2) Pass 75% of all hours attempted each payment period

### **(MUST initial)**

- \_\_\_\_\_ I must maintain the GPA listed on my APLAN each semester to continue to be financial aid eligible (if applicable)
- \_\_\_\_\_ I must pass 75% of all hours attempted each semester while being on an APLAN.
- \_\_\_\_\_ I have met with my academic counselor regarding any specific requirements necessary for my individual college (if applicable).

**CERTIFICATION:** I certify all the above information submitted is accurate. I further understand that incomplete appeals, including those with missing or insufficient documentation that may be requested, 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

Approved: \_\_\_ Denied: \_\_\_ FA Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Current GPA \_\_\_\_\_ Current Pace % \_\_\_\_\_ ROANYUD \_\_\_\_\_ RHACOMM \_\_\_\_\_

Comments: \_\_\_\_\_