



STUDENT AID APPEAL FORM

150% 67% GPA Below 2.0 (Student Aid GPA) Scholarship: _____
Name of Scholarship

DATE: _____ TERM/Year: _____

INSTRUCTIONS: In the space provided below, fully describe the extenuating circumstances that prevented you from making satisfactory progress; additional pages may be attached. Be as specific as possible. **For full consideration, supporting documentation must accompany this form.** Approval or denial of your appeal will be made on the basis of written information and the supporting documentation. The decision can be viewed in Connections. **This decision will be final.**

NOTE: Financial Aid funds are limited; we recommend that you submit this appeal form within ten days of your notification of loss of aid for prompt consideration.

STUDENT INFORMATION:

NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

MAJOR/PROGRAM OF STUDY: _____

PROJECTED DATE OF GRADUATION FROM FCCJ: _____

Specify the particular semester(s) in which you were having problems: _____

Are you pursuing a 2nd degree? YES NO

Have you completed a degree? YES NO

If yes, what program? _____ Date of Completion _____

What is your reason for changing to a different program of study other than your original program?

CHECK ONE:

Campus Appeal is being submitted:

Downtown Deerwood South Kent North

NOTE: This appeal will be invalid if submitted to more than one campus.

I certify that the information contained in this appeal is true and complete to the best of my knowledge.

Student's Signature _____ Date: _____

NAME: _____

SSN: _____

ACADEMIC COUNSELOR/ADVISOR

Current Program of Study: _____ GPA: _____

Hours Earned: _____ Hours remaining for completion: _____

Completed prior program of study? YES NO

The following courses are required to complete program of study.

Comments:

Signature: _____ Date: _____
Counselor/Advisor

ENROLLMENT SERVICES COORDINATOR RECOMMENDATION

Recommendation: Approved Denied

Justification:

Signature: _____ Date: _____
Enrollment Services Coordinator

DEAN OF STUDENT SUCCESS

Recommendation: Approved *Approved w/special conditions Denied

Justification/Contingency:

***SPECIAL CONDITIONS (optional):** _____

Signature: _____ Date: _____
Dean of Student Success