SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

STUDENT’S NAME____________________________ STUDENT ID ________________________

STREET ADDRESS _________________________________________________________________

CITY ______________ STATE ____ ZIP _________ PHONE _______________________________

The federal government requires that students who receive financial aid make satisfactory academic progress towards their degree. A review by the Financial Aid Office determines whether you have met the minimum standards of grade point average, course completion rate, and time frame limitation.

If you have experienced extenuating circumstances, which prevented the achievement of Satisfactory Academic Progress, and resulted in the termination of eligibility for financial aid, you may file this appeal form and submit detailed explanations and relevant supporting documentation to the Financial Aid Office. The Financial Aid Appeals Committee will make a determination as to whether your circumstances warrant a reinstatement of your financial aid, or if additional documentation is needed for the appeal process. The decision of the Financial Aid Appeals Committee will be final.

Appeal Procedure: Use this form to submit an appeal to the Financial Aid Office. Complete items 1) and 2) and provide additional supporting documents if they are relevant. An appeal based on medical circumstances must include supporting medical documentation.

You will be contacted in writing regarding the Appeal Committee’s decision approximately two to three weeks after the Financial Aid Office receives your appeal.

1. Please explain the circumstances that contributed to your academic problems (if you need additional space, please attach a separate piece of paper).
2. Please explain your future plans for improving your academic performance at Highland.

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I certify that all information and documentation that I have submitted with this appeal is true and complete to the best of my knowledge.

Student’s Signature___________________________________  Date ____________________

For Financial Aid Use Only
Action on Appeal:
_____ Approved for ________ semester
_____ Approved for ________ semester with the following conditions:

_____ Denied
Date:_____________________
Letter mailed to student:_____________________

HIGHLAND COMMUNITY COLLEGE * OFFICE OF FINANCIAL AID * 2998 W. PEARL CITY RD * FREEPORT, IL 61032 *
815/599-3559