



HIGHLAND COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM 1920

Priority Deadlines	
Fall 2019	July 8, 2019
Spring 2020	January 2, 2020
Summer 2020	May 28, 2020

STUDENT'S NAME _____ STUDENT ID _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

Please check the term you are requesting an Appeal: ___Fall 2019 ___Spring 2020___Summer 2020

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 (such as death of a relative, an injury or illness of the student or other special 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. The decision of the Financial Aid Appeals Committee will be final.

Understanding your account at HCC:

- While on Financial Aid Termination all charges to your account are your responsibility and you must work with the business office regarding payment.
- If your appeal is denied any unpaid tuition and fee charges are your responsibility and you must work with the business office regarding payment.
- If you register for classes, you must attend them in order to be considered eligible for financial aid in the event your appeal is granted.
- It is your responsibility to be aware of the admissions drop dates.

Appeal Procedure

Use this form to submit an appeal to the Financial Aid Office. There are three required attachments. Failure to include these items will result in an automatic denial.

1. A Detailed letter of Explanation. The letter must address two things: why you failed to make SAP and what has changed in your situation that will allow you to make SAP at the next evaluation. Please be thorough with your letter. Focus on the events that occurred and how they caused your progress to be affected. Explain unavoidable events and how they affected you rather than offering excuses or promises to do better in the future. If your appeal is due to exceeding the 150% limit, please show why you have not already graduated and tell the committee when you expect to do so.
2. Proof that the event you described occurred. (For example: copies of medical bills, letter from doctor, police report)
3. A Current Academic Plan. You must meet with your advisor to determine an academic plan that will ensure you meet SAP standards by a specific point in time.

Complete and return your appeal with the required documentation to the Financial Aid Office before the deadline. Due to the high volume of appeals submitted, it may take several weeks for all appeals to be reviewed. Once a decision is made you will be contacted within 24 hours through your Highland e-mail. If your appeal is approved you will be placed on Financial Aid Probation and you will be expected to successfully complete the requirements set forth in your academic plan. Failure to do so will result in Financial Aid Termination status and you will not be eligible for future financial aid until you meet the minimum financial aid academic standards for HCC. If your appeal is denied you may regain eligibility when you meet the minimum financial aid academic standards for HCC.

I certify that all information and documentation that I have submitted with this appeal is true and complete to the best of my knowledge. I understand that I will be notified of the final decision **through my Highland e-mail account. If I do not currently have a HCC email account, I will be notified by US mail.**

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: _____
