

## Appeal of Suspension of Financial Aid

Complete and return to Student Services with written statement and attached documentation.

You have the right to appeal the loss of financial aid due to not meeting the Satisfactory Academic Progress policy (SAP). The U.S. Department of Education regulations state that a student exhibit an extenuating circumstance in order to qualify. **An extenuating circumstance is an uncontrollable event** such as: a serious health condition, illness or injury, a traumatic event such as a natural disaster, divorce, sexual assault, criminal assault, a family emergency, employment changes such as military duty, or mandated work schedule changes. **The following would not qualify as an extenuating circumstance:** transportation issues, roommate problems, incompatibility with Faculty, difficult course load, dislike of a course, change of program of study, failure to drop classes prior to start date, etc.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### STEP 1: Reason for appeal

- Medical: Serious Illness or Injury    Family Emergency    Military orders    Work Related
- Other: \_\_\_\_\_

### STEP 2: Submit a typed, signed personal statement to include the following:

- Explain the circumstances for each term in which you failed to meet SAP
- Explain the steps taken to remedy the circumstances that prevented you from maintaining SAP
- Explain your plans for the future to ensure success

### STEP 3: Attach supporting documentation (see reverse side for examples)

**Supporting documentation is required** and must include date(s) of occurrence.

**Examples:** Letter from health care provider, government agency or employer on official letterhead with authorized signature, hospital documents, accident/police reports, military orders, obituary notice/death certificate.

### STEP 4: Review and Sign- form will not be accepted without a signature

The submission of this appeal does **not** guarantee reinstatement of aid eligibility and will not be processed without the required documents. You are strongly advised to create alternate financial plans in the event your appeal is denied. If approved, you will be required to complete a free Academic Planning course and create an academic plan with your advisor. You will be notified in writing of the outcome of your appeal.

**\*\*Appeal deadlines are as follows: October 1st- Fall Semester, March 1st- Spring Semester, and July 1st- Summer Semester\*\***

I certify that the information provided on this form, my written statement, and attached documents are true and accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION**

Circumstance		Documentation (please provide one of the following)
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>Letter from employer including effective date(s) and whether the increase in hours was mandatory</li> </ul>
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Separation letter</li> <li>Unemployment documentation</li> </ul>
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of home rest</li> <li>Record of doctor visits</li> </ul>
	Surgery/Hospitalization	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of recovery</li> <li>Record of doctor visits</li> <li>Hospitalization records</li> <li>Copies of medical bills documenting illness/injury</li> </ul>
	Mental Health Issue	<ul style="list-style-type: none"> <li>Letter from doctor, therapist or counselor</li> </ul>
	Dental Emergency	<ul style="list-style-type: none"> <li>Record of dental visits</li> <li>Letter from dentist</li> <li>Letter stating dentist advised period of recovery</li> </ul>
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home (include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future)</li> <li>Records from doctor visits</li> <li>Letter stating doctor advised period of recovery</li> <li>Hospitalization records</li> </ul>
	Daycare Issue	<ul style="list-style-type: none"> <li>Letter from former daycare provider</li> <li>Letter from new daycare provider</li> </ul>
Additional Circumstances	Death of a Loved One	<ul style="list-style-type: none"> <li>Obituary</li> <li>Funeral program</li> <li>Death certificate</li> <li>Letter from counselor</li> </ul> <p>Documentation should include date and indicate relationship to the deceased.</p>
	Eviction	<ul style="list-style-type: none"> <li>Eviction notice</li> <li>Letter from transitional housing program</li> </ul>
	Assault/Domestic Abuse	<ul style="list-style-type: none"> <li>Police report</li> <li>Court documentation</li> <li>Letter from clergy, social worker, counselor, doctor</li> </ul>
	Other (Three (3) calendar years of absence from the end of the last semester of attendance.)	<p>Please provide all of the following:</p> <ul style="list-style-type: none"> <li>Meet with college counselor and complete recommendation form.</li> <li>Sign up for GradReady at <a href="http://mptc.gradready.com">mptc.gradready.com</a></li> <li>Complete GradReady lesson of your choice (include documentation of completion with your appeal).</li> <li>Letter outlining reason for appeal.</li> </ul>

**Please provide any additional documentation that supports your appeal.**

**Note:** Letters from medical professionals should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school.