



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

P.O. Box 1009 (27204-1009) • 629 Industrial Park Avenue • Asheboro, NC 27205
(336) 633-0200 • www.randolph.edu/fin_aid • Federal School Code - 005447

Creating Opportunities. Changing Lives.

2010-2011 Satisfactory Academic Progress Appeal Request

Name of Student: _____ Student ID No or SSN: _____
Please print

Street Address: _____ City: _____ State: _____

Telephone Number: _____ Email Address: _____

Continued eligibility for financial aid is determined, in part, by maintaining satisfactory academic progress toward the completion of a degree program. Grade point average, the percentage of credit hours completed, and a maximum time frame for program completion, define satisfactory academic progress. Students who fail to meet academic progress standards are ineligible for financial aid.

Federal regulations allow you to appeal financial aid academic progress standings under certain conditions with proper documentation. We recognize that extenuating circumstances may prevent a student from completing a semester or specific hours in one semester (Item A below). We also recognize that students may need to pursue an additional program of study or need additional time, beyond 150%, to complete their program of study (Item B below). Due to our concern for a student's success, **we require documentation as outlined below**, in an attempt to ensure that the situation is given proper attention.

A. Guidelines for appeal of 2.0 GPA requirement or 67% Completion Rate requirement

Students who have not completed the necessary number of credit hours per semester, due to withdrawing from the College or receiving an "Incomplete" or "F," may appeal their financial aid academic progress standing. Please address each step below:

1. Were any of the following extenuating circumstances involved?
 - Serious illness or accident that prevented you from completing classes. If a medical problem contributed to the failure to maintain satisfactory progress, **attach documentation** from a medical professional from whom you have received advice or treatment. *(Section A, B, and C are required.)*
 - Serious personal problems that prevented you from completing classes. Please clearly state circumstance and provide **appropriate documentation**. *(Section A, B, and C are required.)*
 - Death in the immediate family. *(Attach a copy of death certificate or obituary and please indicate your relationship with the deceased.) (Section A, B, and C are required.)*
2. If so, a physician, professional counselor, minister or attorney who knows of the extenuating circumstances that were beyond the student's control must address this section:
 - Have the professional provide documentation addressing the following:
 - ✓ Statement as to whether the situation has been completely resolved. If situation has not been resolved, indicate the measures that have been established to resolve the situation.
 - ✓ Recommendation as to whether you can complete a full course load at present. If not, what is the recommended (i.e., six credit hours, no enrollment)? When would a full course load be recommended?
 - ✓ Statement of extenuating circumstances that prevented you from successfully completing the semester. Dates that circumstances occurred should be included.
 - ✓ Dates the situation prevented you from attending or completing classes and dates seen by a professional.

SECTION B

You must meet with a counselor or faculty advisor prior to having your appeal reviewed. Please have your counselor or faculty advisor complete the section below.

1. Please list student's Program(s) of Study: _____

2. Should this student be limited in the number of credit hours enrolled each semester?
 - a. Yes
 - b. No
3. If yes, what limit do you suggest for this student (This number will be considered by the Office Financial Aid and Veterans Affairs when awarding each semester)? _____

Advisor's Comments (Please provide any other information you feel would be beneficial to the Office of Financial Aid and Veterans Affairs when reviewing the appeal):

Advisor Name (Please Print): _____ Telephone: _____

Advisor Signature: _____ Date: _____

SECTION C

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. Furthermore, I have read RCC's Financial Aid Standards for Satisfactory Progress.

I certify that the information I have provided is true and accurate.

Signature of Student: _____ Date: _____

Please attach all documentation for the term you are appealing.

Please mail this form to:

Financial Aid
 Randolph Community College
 P.O. Box 1009
 Asheboro, NC 27204-1009

