



2021-2022 Satisfactory Academic Progress Appeal Request

Name: Last First Middle Maiden

Current Mailing Address: City State Zip

(Required) Social Security # or RCC Student ID:

Home Phone: Work Phone: Cell:

It has been determined that you are not making academic progress toward graduation. Grade point average and the percentage of credit hours completed define satisfactory academic progress.

Examples include: medical conditions that resulted in hospitalization, loss of an immediate family member, loss of home due to fire, storm or natural disaster, illness of student or immediate family member, severe emotional difficulties, death in the family, loss of employment, etc.

Students on financial aid suspension should not depend on financial aid to pay for costs of registration and should be prepared to pay from their own resources pending the outcome of their financial aid appeal.

Appeals submitted without proper documentation will be DENIED. Incomplete forms will NOT be reviewed.

SECTION A

Suggestions on Writing Your Appeal

Submit your appeal as soon as possible.

A reason for appealing would be an extenuating circumstance under which you had no control and which you can document. The appeal should explain in detail the reason(s) for not meeting the standards of progress.

Mark the box that represents the reason for your appeal. Read and follow the instructions. Attach copies of supporting documentation, statements, or letters to support your appeal. Include a detailed, written explanation stating the circumstances of your appeal. Only requests that include documentation will be considered.

You must complete this section. This is part of your appeal request. Please check the appropriate box and provide the requested information in your statement.

SECTION B

Please indicate the semester you are appealing to have your financial aid reinstated:

Fall 2021

Spring 2022

Summer 2022

SECTION C

Please indicate the reason you are appealing to have your financial aid reinstated:

Appeal Categories

- Death of an immediate family member.** (Immediate family member is a grandparent, parent, child, spouse, brother or sister.) Other relatives such as uncles, aunts and cousins are not immediate family members.

Explain the circumstances as to how their death affected your academic performance. Was this an unexpected death? Did their death occur during the semester you became deficient? What role did you play in their care? Were you the primary caregiver for this person and what was the reason you chose to be the caregiver? Include in your statement the deceased's name and their relationship to you. **Required Document Examples: Provide a photocopy of the death certificate, obituary notice or letter from the funeral home.**

- Illness or injury.** You, your spouse, or your dependent children, were injured or ill for an extended period of time. Explain at what time the injury or illness occurred in relationship to your enrollment.

Who was ill or injured? How long was this person ill or injured? What were the restrictions, if any? Why was this person (if this person was not you) unable to care for his/her self while you attended classes? Provide names of the people who were ill or injured and their relationship to you.

Required Document Examples: Provide medical records, bills or doctor's statement.

- Change in academic program/Previously graduated from a program at RCC.** You have changed academic programs or have previously graduated from a program at RCC. As a result, you have exceeded the maximum allowable semesters as per RCC's Financial Aid Satisfactory Academic Progress Policy.

Explain your reason for changing majors or attempting an additional degree. In your explanation, include how many hours from your previous major will transfer into your new degree. How many hours do you still need to complete this new major?

- Extenuating circumstances.** You experienced an unusual situation over which you had no control. This unusual situation is not one of the categories above. Automobile accident, automobile breakdown, marital conflicts are some examples of extenuating circumstances.

Explain the unusual situation and how it affected your studies. Include in your statement what actions you took to successfully complete the classes (i.e., Did you seek tutoring? Why did you drop or fail the class?) When did you decide that you would drop the class or that you would fail the class?

Required Document Examples: Provide documentation from a psychiatrist, doctor, psychologist, or court official etc...

SECTION D

Please indicate your plan of action according to the reason for your appeal:

Have you previously submitted an appeal? _____ If so, please give a brief statement in regards to your current appeal.

Describe the actions you have taken to meet your responsibilities as a student during the time you experienced your mitigating circumstances.

Describe what changes will now enable you to meet the academic progress requirements in your next term of enrollment.

SECTION E

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. I am aware that my appeal will not be reviewed until the current semester's grades have been evaluated. Furthermore, I have read RCC's Financial Aid Satisfactory Academic Progress Policy.

I certify that the information I have provided is true and accurate. According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

Signature of Student: _____ Date: _____

Please mail this form to: **Office of Financial Aid and Veterans Affairs, Randolph Community College, 629 Industrial Park Avenue, Asheboro, NC 27205.**

FOR FINANCIAL AID OFFICE USE ONLY

Name of Program: _____ Catalog Year: _____

Total Attempted Hours: _____ Total Earned Hours: _____ Completion Rate: _____ GPA: _____

of Previous Appeals Approved: _____

FINANCIAL AID APPEALS COMMITTEE COMMENTS:

Committee Member:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Comments: _____ _____ _____ _____
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Committee Member:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Comments: _____ _____ _____ _____
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Committee Member:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Comments: _____ _____ _____ _____
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