



FINANCIAL AID APPEAL FORM

Please Print

Name: _____ Student ID Number: _____

Mailing address _____ City/State/ZIP _____

Telephone #: _____ Email _____

Which semester are you attempting to regain eligibility for financial aid? (circle one): Fall Spring Summer

Your current major at ACC: _____ Expected Graduation Date at ACC:(mo/year) _____

REASON FOR THE FINANCIAL AID APPEAL

You are submitting this appeal to attempt to regain your financial aid eligibility. You must convince the Appeal Committee that you had circumstances beyond your control that prevented your academic success and prove those circumstances occurred. Therefore, it is your responsibility to thoroughly explain and document your appeal. ***Appeals without supporting documentation could be denied.*** The Appeals Committee will review your written statement and **supporting documentation** to make a decision on your appeal.

Along with this form your appeal **must** include:

1. a written statement explaining why you are not meeting the GPA requirement, Pace of Completion requirement or Timeframe requirement. Indicate how you were able to address the situation and how you will succeed in the future if similar situations occur?
2. a print out of your program evaluation from WebAdvisor.
3. complete the back of this form listing all of the classes you still need to complete at ACC to attain the degree you listed above.

Note: additional documentation such as doctor/hospital statements, obituaries, letters from employers, lawyers, courts, or other third parties, will be helpful in proving your situation existed.

The information provided on this form, in my written statement and all accompanying documentation, is accurate and complete to the best of my knowledge. I agree to provide additional documentation if requested by the ACC Financial Aid Office.

If my appeal is approved, I understand that I must meet the following criteria for each semester until I am in good standing according to the Satisfactory Academic Progress policy. I will:

1. Successfully complete all the courses that I take with no failures, withdrawals, incompletes, or audit grades.
2. Maintain a semester grade point average of 2.0 or higher.
3. Successfully complete my degree by following the academic plan and timeframe provided in the appeal.
4. Follow any other stipulations listed in the appeal approval notice.

Student Signature

Date

Please attach your written statement and documentation to this form and return to the ACC Financial Aid Office, 665 Johnson Street, Alpena, MI 49707, or FAX to 989-358-7541.

