Appeal Form for Title IV

This form must be filled out <u>entirely</u> and <u>include supporting documentation</u>, if at all possible.

Name	(please print) ID#					
Address	CityState Zip					
Phone	E-Mail					
Date						
Program of Study To Appeal:						
Semester (To Receive Financial Aid): (check or	one) Fall Spring Summer Year					
Attach a signed appeal letter describing the reason(s) why you have not met Satisfactory Academic Progress (SAP) standards. (Please type, print, or write <u>very legibly</u> .) Also, see an academic advisor for both completed and signed Academic Plan forms.						
	rage (GPA) Below a 2.00 at SCC eted 67% of the hours completed at SCC vithin 150% of the time allowed at SCC					
Reason For Not Meeting Satisfactory Academic Progress Standards: Personal illness (provide documentation) Family illness (provide documentation) Relationship: Death in family (provide documentation) Relationship: Other :						
Student Signature	Date					
etadont elginatare	* * Financial Aid Office Use Only * *					
Return this form, signed letter, Academic Plan <u>forms, & documentation to:</u> Financial Aid Office Shawnee Community College E-mail: finaid@shawneecc.edu Phone: (618) 634-3200 Option 1, option 2 Fax: (618) 634-3368	Data Pasaiyad					
Financial Aid Notes: Called and spoke with student Message left for student Called and no answer / No Voicemail	Appeal Committee Signatures Dates					

COMMENTS: ______

Appeal Letter Outline

Current Date

Dear Appeals Committee:

<u>Paragraph 1</u> (explain reason for letter—grades, 67% rule, have not earned a degree)

Paragraph 2 (explain reason for becoming ineligible)

Paragraph 3 (include any changes you plan to make to correct the problem)

Paragraph 4 (closing and contact information)

Sincerely,

Student's signature

<u>NOTE:</u>

Please provide any documentation for circumstances mentioned in this letter. Possible documentation could include (but is not limited to) a death certificate, obituary, birth certificate, hospital bill, doctor's excuse or diagnosis, legal court documents, vehicle repair bill, accident report, or a police or fire report. All documentation should be as clear as possible, easy to read, and correspond to the dates of your ineligibility. Letters should be printed or typed and include student's handwritten signature.



Academic Contract & Plan for Financial Aid Probation

Full Name			Student I.D.
Term of Probation: \Box Fall	□Spring	□Summer	
YearGPA			
Reason for Financial Aid Probation	on (Check al	l that apply.)	
 Cumulative Grade Point A Course Completion Rate B Maximum Time Frame 	-		
Your academic advisor <u>must</u> assist y	ou in compl	eting your academ	nic plan.
Degree or Certificate you are pursuin	ıg:		
(If pursing multiple degrees or certif	icates, an aca	ademic plan must	be completed for each one.)
Number of credits completed toward	degree:		
Credits needed to complete degree:_			
Estimated date of graduation:			
List the courses that you will need to) take each so	emester until grad	uation.
Semester	Sem	ester	Semester

Student Name	Stude	Student ID		
Semester	Semester	Semester		

I accept the conditions outlined in this Academic Contract & Plan and understand that if I fail to meet the requirements, I will return to ineligible status for financial aid. I understand that as a result of my not meeting financial aid standards of progress, I agree to participate in this contract for the duration of my probation and will work diligently to complete my degree/certificate.

- Earn at least a 2.000 semester grade point average (GPA)
- Complete 100% of my courses per semester with a C or better in each class and no withdrawals
- Remain in _____ Degree/Certificate

Student's Signature	Date	
Advisor	Date	

Shawnee Community College has many free student support services. Contact the Student Success Center at (618) 634-3316 for assistance.