



Serving Richmond and Scotland Counties

Financial Aid Office
1042 West Hamlet Avenue
Post Office Box 1189, Hamlet, NC 28345
(910) 410-1724
Fax (910) 582-7102

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL

Last Name

First Name

RCC ID#

Major/Program

Semester for Appeal

Academic Advisor

Please check the category that applies to you and follow the instructions for that category. For all categories, type an explanation of how the circumstances prevented you from maintaining Satisfactory Academic Progress. If applicable, please address your Warning Semester as well as the most recent semester that lead to Financial Aid Suspension.

- 1. Death in Immediate Family.** (This includes parent(s), spouse, siblings, or dependent children.)

Typed Explanation (include name of deceased and relationship to you)

Provide a copy of the death certificate, obituary, or funeral program

- 2. Illness/Injury/Medical Condition.** (You, the student, your spouse, your dependent child, or your parent was injured or ill for an extended period of time.)

Typed explanation (address when illness/injury occurred, treatment dates, etc.)

Documents Needed: Statement or medical documentation from the physician indicating the nature of the illness.

- 3. Other.** Appeals involving other **unexpected circumstance beyond the control** of the student will be considered. (Transportation and child care issues do not count.)

Typed Explanation.

Document(s) needed: Any documentation supporting the unexpected circumstances.

- I understand appeals without documentation may be automatically denied.
- Include statement regarding positive steps you have taken to ensure if similar circumstances happen in the future, how you will be able to maintain satisfactory academic progress. Include any documentation to support these steps (letter from counselor, physician's statement, etc.).
- Attach Academic Plan that indicates which classes you will register for and which semesters you will be attending. If your appeal is granted and you have not submitted a plan, one will be required before financial aid will be processed.
- I understand I will be notified via e-mail the decision made on my appeal. **Please see the reverse side for more details regarding appeal decisions.**

Student Signature _____

Date _____

Appeal Decisions

We will review your appeal and notify you by email of its status. You will receive either our decision to grant your appeal, deny your appeal, or a request for additional documentation. If we grant your appeal, we will place you on financial aid probation.

A decision to grant your appeal will include the following requirements:

1. Earn credit in all attempted classes that you are registered for. This means you cannot have any withdrawals (i.e. "W" or "WF"), incompletes or "F" grades.
2. Achieve a semester GPA of at least a 2.0.

Note: Your appeal may become invalid if the Financial Aid Office determines at any point that it is not mathematically possible for you to complete your program of study within the required time frame.

At the end of each semester, the Financial Aid Office will evaluate your completion of these conditions. Students who fail to meet the outline requirements will not qualify for future assistance.

If your appeal is granted, the information in this document will represent a contract between you, the student, and the Financial Aid Office. Therefore, you must read, sign and return this agreement to the Financial Aid Office before your financial aid will be processed. You can find the entire RCC Satisfactory Academic Policy at http://richmondcc.edu/sites/default/files/satisfactory_academic_progress_policy.pdf

Certification Statement

I, the student, have completed the requested information to the best of my knowledge and know that the Financial Aid Office will use this information when evaluating my appeal request.

Student Name _____

Student ID# _____

Student Signature _____

Date _____

Email Address _____

Phone # _____

Financial Aid Appeals MUST be received at the Financial Aid Office by 5:00 p.m. on the deadline date of the term for which you are appealing. Late appeals will NOT be reviewed until the next term.

Office Use Only

Program of Study _____

Cumulative GPA _____

Total Hours Attempted _____

Last semester student was enrolled? _____

Total Hours Earned _____

Transcript Reviewed ___ Yes ___ No

Cumulative Completion Rate _____

- Approved
- Approved with Academic Plan
- Denied

Comments:

Committee Members:

Signature of Committee Chair, Vice Chair or Director of Financial Aid