



**2017-2018 APPEAL OF FINANCIAL AID SUSPENSION**

Print Student Name: \_\_\_\_\_ PHSC ID: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_ Term of Appeal Request: \_\_\_\_\_

**My Financial Aid has been suspended for the following reason (s)** (Check all that apply)

\_\_\_\_\_ My GPA is less than 2.0 \_\_\_\_\_ My course completion average is less than 67%

\_\_\_\_\_ I have attempted more than 150% of the hours needed to complete my degree program

\_\_\_\_\_ I did not meet the terms of my previously approved appeal

*(PHSC Satisfactory Academic Progress policy is available for review on our web site at PHSC.edu)*

In order to request an exception to the standards of Satisfactory of Academic Progress (SAP), as defined for financial aid purposes, I understand I must attach the following documentation to this appeal request form:

1. A physically signed letter explaining the extenuating circumstances which were beyond my control and caused me to not meet SAP requirements. Extenuating circumstances can include, but are not limited to:

- Medical condition or serious illness to myself or immediate family member
- Death of an immediate family member
- Serious accident involving myself or immediate family member
- Other extraordinary /emergency circumstances

**AND**

2. Documentation of the circumstances listed in my appeal letter. Documentation can include, but is not limited to:

- Letter from physician or counselor on letterhead indicating dates of care
- Copy of death certificate, obituary or third party supportive documentation
- Accident reports, police reports, court records, etc.

**AND**

3. An explanation of what circumstances have changed that will allow for my future academic success.

***\*\*Appeals submitted without all of the above required documentation will be denied or delayed for processing.***

I understand that providing the above mentioned documentation does not guarantee approval of my appeal and I will be responsible for the cost of all classes if I enroll prior to approval of my appeal, if my appeal is denied, or if my financial aid eligibility is less than my cost. I understand that if my appeal is granted, I may only be funded for courses required by my program of study.

*By signing below, I certify the accompanying student statement letter was completed by me and the information submitted is correct and true to the best of my knowledge.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Campus/Staff Collecting Form:** \_\_\_\_\_ Financial Aid Office Use Only Academic Standing: \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Appeal \_\_\_\_\_ Re-Appeal \_\_\_\_\_ 3<sup>rd</sup> Appeal Approval \_\_\_\_\_ Advisor/Date

\_\_\_\_\_ Denied \_\_\_\_\_ Approved \_\_\_\_\_ GPA/Ratio \_\_\_\_\_ Campus Notify

Comments: \_\_\_\_\_

Student Notification/Date: Letter \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ WISE \_\_\_\_\_