

2020-2021 APPEAL OF FINANCIAL AID SUSPENSION

Print Student Name: _____ PHSC ID: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Academic Plan: _____

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

Financial Aid Office Use Only

_____ Campus/Staff Collecting Form _____ Academic Standing _____ Term of Appeal

_____ 1st Appeal _____ Re-Appeal _____ 3rd Appeal Approval _____ Advisor/Date

_____ Denied _____ Approved _____ GPA/Ratio _____ Campus Notify

Comments: _____

Student Notification/Date: Letter _____ Email _____ Phone _____ WISE _____