



SouthwesternCommunityCollege

Financial Aid

Academic Progress Appeal

Appeals should be submitted prior to the beginning of the enrollment period for which you are requesting your aid to be reinstated. The Financial Aid Review Committee will consider your appeal form. The types of situations that will warrant the consideration of an appeal are hospitalization, a death in the family, chronic illness, other crisis situations or unusual circumstances. If this form is incomplete or missing any documents, it may be returned to you for completion and will not be considered by the Review Committee. The completion of this form requires you to:

- 1. Submit a written explanation of your situation, how this affected your ability to perform academically, how your situation has changed, your academic plan or career goals and why approval of the appeal should be granted. (You may attach a signed word-processed statement.)
2. Attach supporting documents that verify your situation. (For example, medical bills for hospitalization that occurred during the semester or a signed statement from a doctor on his/her letterhead.)
3. Attach a letter of recommendation from your advisor, an instructor or SWCC staff member, if you have been currently attending OR attach a letter of support from someone (other than a family member) who knows your situation.

Upon review of your appeal, the members of the committee may-at their discretion-ask you to appear in person to provide additional information before a decision will be made. Failure to appear on the designated date will result in immediate denial of the appeal. The committee members may also ask you to appear in person to discuss any academic recommendations or conditions of your appeal.

Name _____ SS# _____

Address _____ Phone (____) _____ E-Mail _____

I am completing this appeal form so that I may be reconsidered for financial aid for: (please enter year)

FALL _____ SPRING _____ SUMMER _____

Please state your anticipated graduation date _____ and major _____

Please continue on the reverse side of this form. Your signature is required.

OFFICE USE ONLY

Recommendations for success:

Approved

Denied

Grid for recommendations with columns for Approved and Denied, containing multiple horizontal lines for text entry.

FARC Decision: _____ Approved Student Asked to Appear: ___Yes ___No

_____ Denied Appeal Decision Date: _____

_____ Tabled Letter Sent: _____

