



Financial Aid Office PO Box 151 Whiteville, NC 28472 Ph (910) 642-7141 Fax (910) 642-1267
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**FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL**

_____	_____	_____
Last Name	First Name	SCC ID#
_____	_____	_____
Major/Program	Semester for Appeal	Academic Advisor/Success Coach

**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 apply.)  
**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 Program Degree Evaluation that indicates which classes you will register for and which semesters you will be attending. An evaluation must be submitted along with this appeal request.
- I understand I will be notified via Self-Service on the decision of my appeal request. (The decision is found in Self-Service by “clicking” on the Financial Aid tab.) **Please see the reverse side for more details regarding appeal decisions.**

**Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

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

## Appeal Decisions

We will review your appeal and notify you in Self-Service 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 includes the following requirements:

1. Complete 75% of courses attempted per semester.
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 SCC Satisfactory Academic Policy at

<http://sccnc.edu/policies-procedures/satisfactory-academic-progress-requirements-for-financial-aid-recipients/>

### 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 session.**

### Office Use Only

Program Degree Evaluation (attached) \_\_\_ YES \_\_\_ NO

Cumulative GPA \_\_\_\_\_

Total Hours Attempted \_\_\_\_\_

Last semester student was enrolled? \_\_\_\_\_

Total Hours Earned \_\_\_\_\_

Transcript Reviewed \_\_\_ Yes \_\_\_ No

Cumulative Completion Rate \_\_\_\_\_

Approved

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

Approved with Academic Plan

Committee Members: \_\_\_\_\_

Denied

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