**Asheville-Buncombe Technical Community College**

**Financial Aid Office**

**Satisfactory Academic Progress Appeal Request Form**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AB-Tech Student ID# or SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: ( )\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AB-Tech email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What term is this for? Fall\_\_\_\_\_\_ Spring\_\_\_\_\_\_ Summer\_\_\_\_\_\_**

**Students who are not meeting the satisfactory academic progress policy may appeal for reinstatement of financial aid eligibility. An appeal can only be submitted if a student’s failure to make satisfactory academic progress is based upon events beyond the student’s control. Please follow the steps listed below:**

**STEP 1:** You must provide a signed letter of explanation detailing the circumstances that led to the satisfactory academic progress violation. Also, indicate what you have done to address the problems that prevented you from making satisfactory academic progress. Documentation is required to back up the reasons that you have indicated in your letter that prevented you from making satisfactory academic progress. Please attach your documentation as well as your letter of explanation to this form.

**Listed below are events/circumstances that merit an appeal:**

* **Birth or Death of an immediate family member (spouse, child, sibling, parent or grandparent).**
* **Serious injury or illness to student or immediate family member (spouse, child, sibling, or parent)**
* **Significant trauma in student’s life that damaged the student’s emotional and/or physical health.**
* **Personal or family emergency**
* **Denial of Financial Aid due to exceeding the maximum allowable time frame for completing a program of study. (A graduation readiness form must be obtained from the registrar’s office).**

**STEP 2:** If you were required to complete the financial aid success plan then the plan along with all of its documentation should already be on file in the financial aid office or attached to this form. This plan along with your other documentation will be taken into consideration when making a decision regarding your appeal. An appeal submitted without the financial aid success plan (if required) will not be considered.

**STEP 3: Certification and signature.** I am requesting to have my eligibility for financial aid reinstated. I understand that my appeal will not be reviewed if it is incomplete or lacks documentation. By signing this form, I certify that the information provided in my letter and documentation is truthful and accurate.

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| FA OFFICE USE ONLY: |

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**Signature Date**

**Date received by FAO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome: Granted\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_**

**Date of Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If granted, effective term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Granted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 3/21/12**