



**OWENS COMMUNITY COLLEGE  
FINANCIAL AID OFFICE**

**STUDENT APPEAL FORM  
SATISFACTORY ACADEMIC PROGRESS**

If your eligibility for federal financial aid has been terminated because you were not meeting the requirements of the Satisfactory Academic Progress Policy, you have the right to appeal that termination. The Financial Aid Office will consider appeals based on extenuating circumstances that prevented you from successfully completing your last semester of attendance.

**To appeal the termination of your federal financial aid eligibility:**

1. Complete **both sides** of this form.
2. Provide all support documentation requested by the Financial Aid Office. The appeals committee will only review the materials that you provide, therefore, it is your responsibility to thoroughly document your appeal.
3. It may take up to 15 working days or longer before a final decision will be made on your appeal. If a decision has not been made on your appeal by the time classes begin, you will have to make payment arrangements with the Bursar's office.
4. You will receive written notification of the final decision made on your appeal.

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

***Complete the reverse side of this form and sign below***

The information provided on both sides of this form and all accompanying documentation is accurate and complete to the best of my knowledge. I agree to provide additional documentation if asked by the Financial Aid Office.

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

\_\_\_\_\_  
Date

## REASON FOR THE APPEAL

- \_\_\_\_\_ **Illness or Injury** Write a statement explaining the illness or injury, when it occurred and the duration of the illness. Provide a doctor's statement citing the illness or injury and releasing you to return to school.
- \_\_\_\_\_ **Work Schedule Change** Write a statement explaining how your work schedule change affected your academic progress. Provide a statement from your employer verifying the schedule change or date of hire (if new job).
- \_\_\_\_\_ **Daycare Problems** Write a statement explaining your daycare problem and how it affected your academic progress. Provide documentation to show that you will have daycare for your children while you are in school.
- \_\_\_\_\_ **Transportation Problems** Write a statement explaining what your transportation problems were. Provide documentation to show that you now have reliable transportation to school.
- \_\_\_\_\_ **Death of Family Member** Provide either an obituary, death certificate or a letter from a professional (lawyer, doctor, minister) stating the date of death and the individual's relationship to you.
- \_\_\_\_\_ **Out of school Five or More Years** Reinstatement of your financial aid eligibility will be considered if you have not attended college for 5 or more years. Please provide the semester, year and name of the college you last attended.
- \_\_\_\_\_ **Successful Completion** Reinstatement of your financial aid eligibility will be considered if you have successfully completed a semester of attendance since your aid was terminated. Successful completion means the semester was completed with no failures, withdrawals or incompletes and a 2.00 or higher semester grade point average. You must provide a copy of a transcript or grade card.
- \_\_\_\_\_ **Other** Write a statement explaining the situation. If possible, provide documentation that could verify the circumstances you describe in your statement.

**Attach additional paper if necessary.**

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The above statement is true and complete to the best of my knowledge. If asked by the Financial Aid Office, I agree to provide further proof of the information given on this form.

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

\_\_\_\_\_  
Date