



2023-2024

Financial Aid Appeal Form (Terminate)

Name: _____

ID: _____

Address: _____

Phone # _____

The Financial Aid Office is required to monitor academic progress. For this reason, your academic transcripts are reviewed each semester to verify that you have met the required percentage of attempted hours (completion rate), maintained the minimum grade point average, and not exceeded the maximum number of cumulative hours allowed (time frame). If you have failed to make progress in one or a combination of these areas, you may appeal. The committee will review the appeal and you will receive an email notifying you of an approval or denial.

To file an appeal, the student must:

- 1. Complete this Appeal Form and letter of explanation below. IF INCOMPLETE, YOUR APPEAL MAY BE DENIED. Circumstances must be extenuating.
a. Attach Supporting Documentation (REQUIRED); statements from doctor or psychologists, death certificate, lay-off notice from employer, separation papers, etc. If MAX 150, you must attach a program evaluation printed from Self-Service showing number of courses needed to graduate.
b. Explain what prevented you from being successful and how the situation was or will be resolved.
2. Bring the completed Appeal Form and Supporting Documentation to the Financial Aid Office.
3. IF APPEAL IS APPROVED:
a. Cannot receive F, R, W, or I in any course (must complete all courses)
b. Must have at least a 2.0 for each semester on appeal
c. Complete 15 hours of documented study or mental health time (not required for Max 150) for each semester on appeal. Can be virtual. This is including, but not limited to:
i. Visiting Student Success center.
ii. Visiting Trio lab.
iii. Receiving counseling from counselors in Student Services.
iv. Counseling/tutoring with teacher.
v. Other documented way that you studied/received counseling to make you successful.
d. Meet with your financial aid counselor to ensure your understanding of the appeal.

FINANCIAL AID OFFICER SIGNATURE _____ DATE _____

COMMENTS: _____

Letter of Explanation (Attached additional sheets if needed)

MAIL OR RETURN TO:

James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349



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Multiple horizontal lines for writing.

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education's Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both. By signing you have read and understood all terms of the appeal.

STUDENT SIGNATURE _____ DATE _____

Financial Aid Office Use Only

_____ Approved _____ Denied _____ MAX 150

Comments: _____

Financial Aid Signature _____

_____ Date

Other Committee Member _____

_____ Date

Other Committee Member _____

_____ Date

MAIL OR RETURN TO: James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349