



Spring 2024

Financial Aid Termination Appeal Form

Name: _____

ID: _____

Address: _____

Phone # _____

The Financial Aid Office is required by the Department of Education 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). You may review the SAP Policy in detail on our website under financial aid resources. If you have failed to make progress in one or a combination of these areas, you may appeal.

The deadline to submit the Termination Appeal for Spring 2024 is January 22, 2024, by 5:00 p.m.

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, or a letter from a third-party agency, etc.
b. Explain what prevented you from being successful and how the situation was or will be resolved.
2. You may mail, fax (910-296-1314), email (jsccfinaid@jamesprunt.edu), or bring the completed Appeal Form in-person along with the required Supporting Documentation to the Financial Aid Office.
3. The committee will review the appeal within 7-10 business days and will notify you via student email of an approval or denial.

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: _____

MAIL OR RETURN TO:

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



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Letter of Explanation (Attached additional sheets if needed)

Multiple horizontal lines for writing the letter of explanation.

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