



Financial Aid Appeal Application

Office Use Only Date Received: _____ SFS Personnel Initials: _____
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Name _____ Student Number _____

Email address _____ Phone Number _____

Major (must match school records): _____ Semester and year filing appeal: _____

Have you previously filed an appeal (circle one)? Yes -or- No Reason for appeal (mark all that apply): GPA PACE MAX HOURS

*SAP Guidelines: Federal regulations require students to maintain Satisfactory Academic Progress (SAP) in three areas—GPA, hours earned, and maximum credit hours limit—to be eligible for financial aid. Please review our complete **SAP policy and Appeal application deadlines** at www.nwscc.edu/financialaid.*

APPEAL REQUIREMENTS: Every document listed below MUST be included in your packet for your appeal to be considered.

- _____ Completed appeal application with original signature.
- _____ A detailed Letter of Explanation that is dated with original signature. Please make sure to address the specific semesters when you experienced academic problems, changes of major, or withdrawals. Include what actions you took to make an effort to meet your responsibilities during the time of your extenuating circumstances ***and how your circumstances have improved***. If the appeal is for max credits, explain why you will not be able to graduate within the maximum credit hours allowed and how your circumstances have improved. If you are seeking a second degree, include information as to why you are changing your career path.
- _____ Documentation that the event you described occurred. (For example, a statement from your physician, medical bills, police report, obituary, etc.) **If your appeal is for maximum credit hours or a second degree, you will also need to provide a degree audit from the Student Success Center.**
- _____ FAFSA confirmation page.
- _____ NW-SCC unofficial transcript (which can be printed from self-service Banner account).
- _____ Turn in COMPLETE appeal packet to Student Financial Services (Shoals campus only) by the deadline. NOTE: Incomplete packets will not be considered for an appeal.

By signing below, you understand that failure to include all the required documents or falsification of any information will result in automatic denial. Also, if approved you understand that you will be on a Financial Aid Plan because you have not maintained Satisfactory Academic Progress (SAP) and must meet all requirements listed below to stay on the plan until you reach the required completion rate, financial aid GPA and/or graduation. I agree to all the following requirements:

- I understand that I must make a "C" or better in all classes.
- I understand that I cannot withdraw from any class while on the plan.
- I understand that I am required to meet with Student Support Services each semester.
- I understand that I am required to follow the educational plan set by Student Support Services and any deviation from the plan will require prior approval.
- I understand that I must attend 2 out of 3 semesters of the academic year.
- I understand that I cannot change majors without prior approval from the SFS Appeal Committee.

SIGN HERE PLEASE!



_____ Student Signature

_____ Date

For office use only:		Prior Appeal: Yes or No (circle one)	
Hours Attempted:	Hours Passed:	Prior Appeal History:	
Completion Rate:		Financial Aid GPA:	
Number of Major Changes:		SFS Signature _____	Date _____