



## 2014-2015 FINANCIAL AID SUSPENSION APPEAL

### Appeal Deadlines:

Fall 2014 Semester	→	August 18, 2014
Spring 2015 Semester	→	January 7, 2015
Summer 2015 Semester	→	May 18, 2015 - DUE BY 5:00 P.M.** (**subject to change)

Please indicate for which semester you are appealing: Fall 2014\_\_\_\_\_Spring 2015\_\_\_\_\_Summer 2015\_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Student H#

\_\_\_\_\_  
Address (include apt. # and P.O. Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Student's WaveNet E-mail Address

### Items **REQUIRED** for submission with your financial aid appeal:

**\*\*Please note: any appeal that is submitted without all items below will NOT be reviewed\*\***

- Financial aid suspension appeal form completed in full (4 pages total)
- Updated academic plan—the first semester of the academic plan needs to be the semester you are appealing for, with a total of 3 semesters. **If you cannot follow your Academic Plan, you MUST get an updated Academic Plan showing the classes you are taking, noting why you made the change, and submit it to Financial Aid BEFORE the end of that semester.**
- Appropriate documentation of the extenuating circumstance that prevented you from making satisfactory academic progress. (see page 2 for extenuating circumstances and corresponding documentation)

## **WHAT IS AN EXTENUATING CIRCUMSTANCE**

An extenuating or unusual circumstance can be, but is not limited to:

- Personal or immediate family illness. Signed and dated medical documentation must be provided.
- Disability. Signed and dated documentation by a doctor or disability services must be provided.
- Immediate Family member death (parent, grandparent, spouse, child, brother, sister). Dated death certificate or obituary with name of student listed must be provided. If student's name is not on the obituary, a notarized letter from a family member who is listed on the obituary may be accepted.
- Tragic accident. Dated documentation such as accident report or medical report must be provided.
- Tragic event such as robbery, assault, etc. Dated documentation such as police report must be provided.
- Natural disaster such as hurricane, flood, earthquake, tornado, etc. Dated newspaper clipping, dated and signed insurance report, etc. along with documentation as to how student was affected.
- Any other unusual occurrence that was 100% beyond your control, i.e., divorce, custody battle, spousal abuse, etc. Dated documentation must be provided.

## **NOT CONSIDERED AN EXTENUATING CIRCUMSTANCE**

- Work related issues
- Childcare problems
- Transportation issues
- Too many classes
- Time Management issues
- Not liking the instructor
- Will do better next time

I, \_\_\_\_\_, certify that I had an extenuating circumstance which led to my financial aid suspension. I have included all documentation of this circumstance and understand my appeal will not be reviewed if it is not provided.

Student Signature \_\_\_\_\_ H # \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT STATEMENT AND SIGN BELOW**

**Use the space below for your appeal explanation. Your explanation MUST include why you failed to make satisfactory progress and what has changed in your situation that will allow you to make satisfactory progress at the next evaluation. (Attach additional pages if needed)**

[illegible]

Student Signature \_\_\_\_\_ H# \_\_\_\_\_ Date \_\_\_\_\_

## Student Agreement

*By submitting my HGTC financial aid appeal I am acknowledging the following to be true:*

- I have read Horry Georgetown Technical College's Satisfactory Academic Progress Policy.
- I have attached all supporting documentation to this appeal and understand that without it my appeal will not be reviewed.
- I have met with my advisor and have attached my Academic Plan to this appeal.
- I understand that it is my responsibility to stay informed of the SAP policies and to monitor my own Standards of Satisfactory Academic progress.
- I understand it is my responsibility to be aware of all HGTC deadlines.
- I understand that I am responsible for paying my tuition in full and on time, regardless of financial aid or this appeal form.
- I understand that I am responsible for any late fees or charges I incur as a result of not paying my tuition in full or on time.
- I understand that I am also responsible for getting my classes reinstated if I am dropped from my classes.
- I understand that I am responsible for checking my Financial Aid and SAP status on WaveNet.
- I understand that extenuating circumstances are required for financial aid appeals.
- I understand the decision of the SAP committee is subject to federal and institutional policies and their decision is FINAL.

Student Signature \_\_\_\_\_ H# \_\_\_\_\_ Date: \_\_\_\_\_