



2016-2017 FINANCIAL AID SUSPENSION APPEAL FORM

Appeal Deadlines (subject to change):

Fall 2016 Semester deadline August 23, 2016

Spring 2017 Semester deadline January 4, 2017

Summer 2017 Semester deadline May 15, 2017 by 12:00 PM

Items required for submission with your financial aid appeal:

- Complete financial aid suspension appeal form. All pages must be fully completed in blue or black ink (**NO PENCIL**).
- Appropriate form of documentation to support your extenuating circumstances.
- Academic Plan—Academic plan needs to be for 3 semesters and begin with the semester for which you are appealing. If you are graduating in less than 3 semesters, the term in which you graduate must be noted on your plan.

NOTE: All appeals must contain the items specified above. Incomplete appeals will not be accepted and/or will be denied.

****PLEASE COMPLETE FORM USING BLACK OR BLUE INK ONLY****

Last Name	First Name	MI	Student H#
Address (include apartment # and PO Box) City			State Zip
Phone Number (include area code)		Student's WaveNet Email Address	
Semester You Are Appealing For		Major (the semester you are appealing for)	

PLEASE NOTE: Students that are submitting appeals are responsible for paying their tuition and fees by the payment deadline to avoid the cancellation of their courses schedule and/or late fees. Incomplete appeals will automatically be denied. The decision made by the SAP Appeals Committee is final.

Per Federal regulations a student may appeal his financial aid suspension on the basis of injury or illness, the death or a relative, or other special circumstances. In addition to this, the student is required to provide documentation to support the extenuating circumstance.

Extenuating or unusual circumstances with examples of appropriate documentation

****PLEASE NOTE:** Your extenuating or unusual circumstance must have occurred during the timeframe in which you did not meet Satisfactory Academic Progress requirements. **

- ✓ Personal or immediate family illness
 - Signed and dated medical documentation must be provided.
 - Signed statement from a doctor on the practice's letterhead
- ✓ Disability
 - Signed and dated documentation by a doctor
 - Signed and dated documentation from disability services
- ✓ Immediate family member's death (parent, sister/brother, child, spouse, or grandparent)
 - Obituary with name of the student listed
 - Funeral program with the name of the student listed
 - Dated death certificate
 - Notarized statement from a family member whose name is listed on obituary or funeral program explaining the nature of your relationship to the deceased
- ✓ Tragic accident and/or event
 - Dated accident report
 - Dated police report
 - Dated medical report
- ✓ Natural Disaster such as hurricane, flood, earthquake, tornado, etc.
 - Dated FEMA approval documents
 - Dated and signed insurance reports
 - Documentation to show how student was personally affected
- ✓ Any other unusual occurrence that was 100% beyond your control-- divorce, custody battle, spousal abuse, etc.
 - Dated legal documents
 - Dated police reports
 - Dated medical reports

Items that are not considered an extenuating circumstance include the following:

- | | | |
|-------------------------------|--|---|
| × Work related issues | × Time management issues | × Will do better next time |
| × Childcare problems | × Not liking the instructor | × Not prepared for college |
| × Transportation issues | × Bad advising | × Immaturity or being young |
| × Too many classes | × Difficult major | × Using extenuating circumstance more than once |
| × Balancing school and family | × Any event that occurred before or after the terms in which you did not meet Satisfactory Academic Progress | |

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 be denied if it not provided.

Student Signature _____ H# _____ Date _____

Use the space below for your appeal explanation (attach additional pages if needed). Your explanation MUST include the following items:

1. Explain the extenuating circumstances that prevented you from making Satisfactory Academic Progress. Your extenuating circumstances must have occurred during the timeframe in which you performed poorly.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. Explain what has changed in your situation that will allow you to make Satisfactory Academic Progress at the next evaluation.

Student Signature _____ H# _____ Date _____

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

- ✓ I have read HGTC's Satisfactory Academic Progress Policy and 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 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 that the extenuating circumstances I experienced must have occurred during the timeframe in which I performed poorly.
- ✓ I understand that I cannot use the same extenuating circumstance more than once.
- ✓ I understand that my extenuating circumstances must be resolved or the situation must have changed to allow me to meet Satisfactory Academic Progress standards.
- ✓ I have attached all supporting documentation to this appeal and understand that without it my appeal will be automatically denied.
- ✓ I have met with my advisor and have attached my Academic Plan to this appeal.
- ✓ I understand that I must take the courses, in order, as listed on my Academic Plan
- ✓ 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 fully 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 the decision of the SAP Appeal Committee is subject to federal and institutional policies and their decision is FINAL.
- ✓ I understand that sitting out a term or taking multiple semesters off will have no effect on my SAP status. Paying for classes without financial aid will only change my eligibility if I am able to bring myself back into compliance with all SAP regulations

Student Signature _____ H# _____ Date _____