FINANCIAL AID SATISFACTORY PROGRESS APPEAL FORM
2010-2011 ACADEMIC YEAR

Student’s Name ________________________________________

Address: __________________________________________________

City: _______________ State: _______________ Zip: _______________

Phone: _______________________________________________________

It has been determined that you are not making Financial Aid satisfactory academic progress (SAP). Students denied financial aid due to unsatisfactory academic progress may appeal for reconsideration of financial aid eligibility. Ineligibility for aid may be the result of one or more of the following. Please circle all that apply:

1) Failure to complete 67% of all courses attempted.
2) Failure to maintain a minimum GPA of 2.00 on all courses attempted.
3) Failure to complete a degree/certificate program within time and a half (150% rule). The actual number of credits will vary based on the student’s degree or certificate program of study. Please check with Academic Advising for the actual # of required credit hours for your program of study. A typical AA degree requires 60 credit hours of study. SAP requires that the student complete this program in 50 x 150% = 90 credit hours.

For which term and year are you appealing to receive aid? (Please fill in the year next to the applicable term)

Fall _______ Spring _______ Summer _______

Are you currently a student employee? Yes _____ No _____

What unusual circumstances prevented you from making academic progress? (Please check the applicable choice)

___ Medical ___ Financial ___ Personal ___ Academic

___Other ____________________________________________________
The following documents must be submitted along with this form:

A Personal Statement
The personal statement is a typed letter (minimum of 500 words) providing a detailed explanation of:

1. The exceptional circumstances that caused the student to be placed on Financial Aid suspension.
2. What has changed or what measures the student has taken to ensure progress in the future.
3. The student’s educational goals.

Supporting Documentation:
Student must provide documentation in support of their personal statement. Appropriate documentation might include:
1. A physician’s statement, death notice, etc.
2. Legal documentation from an attorney’s office or court
3. Any other relevant documentation that provides confirmation of the circumstances mentioned in the personal statement.

Degree Summary
A degree summary, signed by an academic advisor, is required for all students that are suspended for exceeding the maximum time frame.

THE SUBMISSION OF THIS APPEAL DOES NOT GUARANTEE A CHANGE IN YOUR FINANCIAL AID ELIGIBILITY. THE FINANCIAL AID OFFICE WILL REVIEW THE APPEAL AND NOTIFY THE STUDENT OF THE DECISION IN WRITING WITHIN 15 BUSINESS DAYS OF SUBMISSION.

: _____ Approved _____ Disapproved
Signature: ___________________________ Date ________________
Signature: ___________________________ Date ________________
Signature: ___________________________ Date ________________
Suspension Appeal Statement of Understanding

I am signing below to confirm that I have received approval on my financial aid suspension appeal. I understand that a student may be granted only one appeal during his/her educational career at Florida Keys Community College.

I understand that my financial aid status will be changed from suspension to probation.

I understand that if I do not complete, at a minimum, six credits with a minimum of a 2.0 GPA and can not receive any grades with of W, I, D, or F that I will once again be placed on Financial Aid Suspension without the option to appeal.

I understand that for any future term for the duration of my enrollment at FKCC I must complete 67% of all attempted classes (including withdrawals and incompletes) that I am enrolled and have a minimum cumulative minimum GPA of 2.0, or I will be placed on Financial Aid Suspension without the option to appeal.

_________________________________________  ____________
Student Signature                                 Date

_________________________________________  ____________
Director, Financial Aid                          Date