

Academic & Financial Aid Satisfactory Academic Progress Suspension Appeal Form

You have the right to appeal your suspension. To have your academic and/or financial aid eligibility considered for reinstatement, you must **complete this appeal form in its entirety and submit to the Financial Services Office Monday-Friday 7:30-5:00, FAX 320.308.5707 or financialaid@sctcc.edu** For appeal submission deadlines, visit <https://www.sctcc.edu/academic-standing>

You will be notified in writing of a decision within 15 business days after the date your appeal is received. Your appeal will be reviewed by the Suspension Appeal Committee (Dean of Liberal Arts and Transfer Studies, Registrar and Financial Aid Assistant Director). If your appeal is approved, and you are not currently enrolled at SCTCC, you will be required to complete the re-enrollment process through Admissions within the application timelines. If your academic appeal is denied, you may request a review by the Vice President of Academic and Student Affairs.

Name _____ e-mail _____
Student ID # _____ Phone Number _____
Street Address _____ City, State, Zip _____

STEP 1: Complete the following to identify your suspension appeal type(s) and your current academic information:

I am appealing my (check ALL that apply):

- Academic Suspension
- Financial Aid Suspension

My current cumulative GPA is _____
My current cumulative Completion Rate is _____%
This is my first academic suspension YES ___ No ___
My program/major is _____

STEP 2: In the box below, indicate your extenuating circumstance(s). **Supporting documentation is highly recommended and is required for Financial Aid Suspension Appeal.** NOTE: *Extenuating circumstances DO NOT include lack of funds, failure to understand or adhere to college policy, or dissatisfaction with an instructor or course.*

I am appealing based on (check ALL that apply and **ATTACH** appropriate supporting documentation):

- Personal physical health or mental health issue** - health providers' statement written on official letterhead
- Death of parent, spouse, child, or other immediate family member** - death certificate or obituary
- Call up for active military duty** - copy of official military orders
- Family/Relationship crisis** - court or legal documentation
- Disability issue not previously diagnosed or documented** – documentation/statement written on official letterhead from a certified disability specialist or medical doctor
- Natural disaster, including flood, fire, or tornado** - insurance documentation
- Other** _____
- I have previously submitted documentation to SCTCC for the extenuating circumstance(s).** If so, indicate what office _____ and approximately when _____

STEP 3: Attach to this appeal form a typed (not hand written), well thought out, detailed letter explaining:

1. Your extenuating circumstances and how those circumstances affected your satisfactory academic progress. Be sure to address your progress in all terms where your progress was not satisfactory; and
2. What have you done to resolve your extenuating circumstances; and
3. If this is not your first academic suspension, specifically address why you were not able to meet the Academic Success Plan that you committed to in your last appeal.

Student Signature _____ Date _____