

Robeson Community College
Financial Aid Office
PO Box 1420 Lumberton, NC 28359
(910) 272 3352

SATISFACTORY ACADEMIC PROGRESS POLICY FINANCIAL AID APPEAL FORM

Student Name: _____ RCC ID #: _____

Address: _____

Telephone: _____ Email: _____

Do you have a Financial Aid application (FAFSA), on file for the semester/year you are requesting the appeal? ____ Yes ____ NO (**Please Note: a FAFSA must be on file before a decision can be made**).

Semester for which you would like financial aid reinstated: Semester _____ Year _____

Students seeking to reestablish financial aid eligibility remain ineligible to receive financial aid assistance until the appeal process is complete and a decision has been made by the Financial Aid Office. Students should be prepared to pay tuition, fees, and other educational expenses until s/he has been approved to receive financial aid. If your appeal is approved, you are not guaranteed replacement of any previously awarded financial aid package and your appeal may be granted for the following semester.

Events/ circumstances that merit an appeal: YOU MUST CIRCLE ONE AND ATTACH DOCUMENTATION.

- Personal or family emergency
- Unanticipated, serious medical difficulty (excluding chronic conditions-students are responsible for properly balancing school with known chronic conditions).
- Serious unanticipated psychological difficulty.
- Death in immediate family.
- Military Service
- Prior Degree/ Change in major. **You must attach a copy of your EVAL (This is your program evaluation form for your current major).**

*****A decision will not be made on appeals with unattached documentation*****

DETAILED EXPLANATION

Please describe in specific detail the unique and extenuating circumstances under which you were unable to fulfill the requirements of the Satisfactory Academic Progress (SAP) Policy for Financial Aid Eligibility. Indicate how your circumstances have changed so that you can comply with the policy in the future. If more space is needed, please feel free to attach additional pages as needed.

PLEASE PRINT

All Appeals will be processed 45 days after date submitted and if granted will be for the following semester.

My signature certifies and confirms that I have read and I understand all instructions and that I have provided accurate, complete, and current information. Furthermore, I understand if approved, I must meet the conditions of the appeal for each and every semester. The conditions of the appeal include NO WITHDRAWLS, DROPS, or INCOMPLETES, and NO grades below a C. If these conditions are NOT met, I will NOT be awarded financial aid for the next semester.

Student Signature _____ Date _____