



OFFICE OF STUDENT FINANCIAL AID

ROBESON COMMUNITY COLLEGE

Student Center Building 13

PO Box 1420

Lumberton, NC 28359

T 910.272.3352

Email: finaid@robeson.edu

F 910.272.3314

Website: <https://www.robeson.edu/fa/>

Satisfactory Academic Progress Appeal Form

Student's Name: _____ Student ID: _____

Address: _____ City/State/Zip _____

Phone #: _____ Email: _____

SECTION I: Student Information

Do you have a current Financial Aid application (FAFSA), on file? ____ Yes ____ NO

(Please Note: a FAFSA must be on file before a decision can be made).

- I am appealing my suspension due to my cumulative GPA of less than 2.00. *(Complete Section II, IV,V)*
- I am appealing because I failed to meet the required 67% completion rate. *(Complete Section II, IV, V)*
- I am appealing because I have exceeded/nearing the maximum number of credit hours allowed to continue receiving financial aid. *(Complete Section III, IV, V)*

SECTION II: Extenuating Circumstances – Please select and complete the option that best describes the extenuating circumstance(s) that has contributed to you not meeting the Satisfactory Academic Progress requirements.

- Death of an immediate family member.**
 - Include the following in your personal statement as instructed in Section III: your relationship to the deceased and date of death.
 - *Acceptable Documentation:* Attach a copy of the death certificate, obituary, or funeral program.
- Serious illness or injury to student or immediate family member.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the illness or injury.
 - *Acceptable Documentation:* Statement from hospital or physician on letterhead, including dates of treatment and affirmation that the situation has been completely resolved.
- Significant trauma in student's life that impaired the student's emotional and/or physical health.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the significant trauma.
 - *Acceptable Documentation:* Statement on letterhead from a professional counselor, clergy, or attorney, including dates, details, and resolution of trauma.
- Other unexpected circumstance beyond the student's control.**
 - Include the following in your personal statement as instructed in Section III: The nature and dates of the unexpected circumstance.
 - *Acceptable Documentation:* Attach supporting documentation including dates, details, and resolution of the unexpected circumstance.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.



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SECTION V: Student Certification (Terms and Conditions)

My signature certifies and confirms that I have read, understand all instructions, have provided accurate, complete, and current information. Furthermore, I understand if approved, I must meet the following conditions of the appeal for **EACH** and **EVERY** semester until I meet the minimum requirements of RCC’s Satisfactory Academic Progress Standards.

The conditions of the appeal include:

1. *NO WITHDRAWALS, DROPS, or INCOMPLETES, and*
2. *NO grades below a C.*
3. *NO changes to program of study/major*
4. *Proof of visitation to The Learning Center (located in Building 14, Room 27B)*

If these conditions are **NOT** met, I understand that my financial aid eligibility will be **TERMINATED** for the next semester(s) and I will be responsible for paying for my tuition, fees, and other educational expenses.

 Student Signature

 Date

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