

| For Office Use Only | | | |
|---------------------|--------|--|--|
| Semester Appealed | | | |
| Granted | Denied | | |
| Success Plan | FAFSA | | |

Satisfactory Academic Progress Appeal Form

Important Deadlines

- Appeals will be accepted no later than the Friday before the first day of class for the semester you want to enroll.
- Appeals received after this date, will be reviewed for the following semester.
- You will be notified by letter of the Appeal Committee's decision within 14 business days of receipt of the Appeal form.

| SSN: X | X X - X X | Student ID | | |
|---|--|--|--|--|
| Name _ | | | | |
| I | Last | First | Maiden | |
| Address | Street/PO Box | City | State | Zip Code |
| | | | | · · · · · · · · · · · · · · · · · · · |
| to succe students eligibility • I am • Have | ssfully complete courses and denied financial aid due to un a solong as this happened as completing this appeal form a you appealed your financial | ory Progress are established by the progress satisfactorily toward progress may use this the result of mitigating or unusual (so that I may be reconsidered for fin aid/academic termination before? | ram completion. Pursuant to form to appeal for reconsider crisis) circumstances. ancial aid for the | federal regulations, ation of financial aid semester. |
| | | ler extreme circumstances, will a s pporting documentation and letters o | | |
| This app | peal process REQUIRES co | mpletion of the check list below. | Incomplete appeals will no | ot be processed! |
| and | I upon request in the Financia | ctory Progress Standards Sheet. That Aid Office. Students that are apply view the academic policy contained | ying only for academic reinsta | |
| sep per sta | parate 8.5 x 11" sheet of pape formance for all semesters th | cumstances that prevented you from r. Typed is preferred, but not require at caused you to lose financial aid e u need to take additional classes and | ed.) You should address the ligibility. If suspended due to | unsatisfactory the 150% |

| ■ Explain what has changed with your situation that would now make you successful if we granted your appeal. |
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| ☐ Attach supporting documents that verify your situation. This should be from someone who has direct awareness of the extenuating circumstance. For example, attach medical bills for hospitalization or doctor's signed statements; academic concerns should be documented by an academic advisor, counselor or instructor. |
| Submit this completed Appeal Form and the attachments to the Financial Aid Office after the items listed above are complete. Please be advised that you could be responsible for your tuition and fees payment until the Appeal Committee has made a decision. You will be notified by letter of the Appeal Committee's decision. |
| If your appeal is approved, you will be required to meet with one of the Student Success Specialists in the Hub to complete and sign an Academic Success Plan. |
| I attest that this information is true and accurate. I understand that any falsified information will result in denial of this appeal and incomplete information may cause delays. |
| I also understand that only under extreme situations will more than one appeal be approved and that without sufficient documentation will be automatically denied. |
| |
| Student's Signature Date |
| |

Return this Appeal Form and all supporting documents to:

Ellsworth Community College Financial Aid Office 1100 College Avenue Iowa Falls, IA 50126 Phone: 641-648-4611

Fax: 641-648-3128

Deadline for the Spring 2016 semester is January 4, 2016.



IOWA VALLEY COMMUNITY COLLEGE DISTRICT 1100 College Ave. · Iowa Falls, IA 50126 641-648-4611 · 800-322-9235 · Fax: 641-648-3128

EllsworthCollege.com