## Angelina College FINANCIAL AID APPEAL PACKET INSTRUCTIONS

Your appeal cannot be considered without the items listed below:

- ➤ Appeal form explaining both: Your understanding of why you are on financial aid suspension and what has changed to allow you to make satisfactory progress by the end of the next term.
- > A degree plan signed and dated by your advisor.

If your reasons for appeal include any of the following, you must include documentation as indicated:

- ➤ **Medical reasons**: Write a statement explaining the illness or injury, when it occurred and the duration of the illness. Provide a doctor's statement citing the illness or injury and releasing you to return to school.
- ➤ **Death of parent, spouse, child, sibling or other** direct family member: Write a statement explaining the individual's relationship to you and their date of death. Provide a copy of the death certificate, obituary, or letter from a third party professional (lawyer, minister, doctor, etc.)
- ➤ Other special circumstances: For legal issues, such as divorce or child custody/support issues (but excluding incarceration) include dates, and documents resulting from your court appearance; signed judicial orders showing dates in question. For other special circumstances, attach appropriate supporting documentation.

## NOTE:

- Appeals submitted during a registration period are not guaranteed immediate review. If you
  have submitted your appeal at that time, you should attempt to arrange alternate financing in
  case your appeal is not approved or your financial aid is not awarded in time.
- If your appeal is approved, the approval will place you on financial aid probation with conditions that you must fulfill.
- You will be notified in writing, at the address on your appeal, of the result of your appeal. Calling to inquire about the result will not speed the process.
- You should read the "Satisfactory Academic Progress Policy," attached to the appeal packet, very carefully



| Address  City, State ZIP |   | Dat   | Date Student ID or SSN               |                         |
|--------------------------|---|---|--------------------------------------|-------------------------|
|                          |   | Stu   |                                      |                         |
|                          |   | Tel   | Telephone                            |                         |
| Pleas<br>appea           | e complete sections 1 – 6 belo<br>al).  | w (all sections must be                         | e completed for consid               | leration of your        |
| 1.                       | I appeal to take classes for the:   | [FALL] [SPRING] [SUN<br>(Circle appropriate ser |                                      | (year).                 |
| 2.                       | I understand that I am on financi<br>Progress. I did not make Satisfa   |   |                                      | sfactory Academic       |
|                          | I was ill or injured  |   |                                      |                         |
|                          | I had a death in my   | amily   |                                      |                         |
|                          | I had other special of  | ircumstances                                    |                                      |                         |
| 3.                       | Please describe your illness or i encountered, and how this affecthis form.   |   |                                      |                         |
| 4.                       | Please explain what has change of the next term.  | d that will allow you to n                      | nake satisfactory acaden             | nic progress by the end |
| 5.                       | My major is<br>I have met with my academic  | My academi<br>advisor, and have atta            | c advisor is:<br>ched a degree plan. |                         |
| 6.                       | I certify that the information that I have provided is complete and correct. I understand that I will be notified in writing of the committee's decision. |   |                                      |                         |
|                          | Signature   |   | Date:                                |                         |