

### OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

629 Industrial Park Avenue • Asheboro, NC 27205 • (336) 633-0200 www.randolph.edu/fin\_aid • Federal School Code - 005447

# Creating Opportunities. Changing Lives.

# 2013-2014 Satisfactory Academic Progress Appeal Request

Name:				
Last	First	Middle	Maiden	
Current Mailing Address:				
	City	S	tate Zip	_
(Required) Social Security No o	or RCC Student ID:			
Home Phone: ()	Work P	hone: ()	Cell: ()	
progress as defined by the Office and state aid. Federal regulations if they can document that ther Documentation must be submitted prepared for college, etc. are repositalization, loss of an immimmediate family member, seemust occur during the term you reference (Note: Students are	e of Financial Aid. Students is also allow the Office of Financial with Property of Financial Williams and Students is also allow the Office of Financial Williams and Students and Students and Students in the Students in t	that fail to meet the minimulancial Aid to extend eligibility ances beyond their control on the your statement. Working circumstances. Examples assort of home due to fire, so the death in the family, loss of withdrew from classes.  EMESTER WILL BE Control of the death in the family and the death in the family are minimum.	students to comply with standards of m standards lose their eligibility to receive ty to students that fail to meet minimum that caused them to perform below seg, taking care of children, did not study include: medical conditions that resorm or natural disaster, illness of stemployment, etc. The mitigating circum constitution of registration and should be prepared to	ve federal standards standards. , was not sulted in udent or imstances
their own resources pending the c Appeals submitted without prope			not be reviewed.	
		SECTION A		
	Suggestion	s on Writing Your Appea	ıl	

Submit your appeal as soon as possible.

A reason for appealing would be an extenuating circumstance under which you had no control and which you can document. The appeal should explain in detail the reason(s) for not meeting the standards of progress.

Your statement for your appeal should consist of two parts:

- 1. In Part I, explain how the circumstances prevented you from meeting academic progress, indicating the problem has been resolved.
- 2. In Part II, clearly explain how you will be able to meet progress standards in the future. Provide relevant dates and supporting documents from appropriate third parties, such as an academic advisor, instructor, doctor, counselor, clergy, etc.

### **Appeal Categories**

Mark the box that represents the reason for your appeal. Read and follow the instructions. Attach copies of supporting documentation, statements, or letters to support your appeal. Include a detailed, written explanation stating the circumstances of your appeal. Only requests that include documentation will be considered.

ust complete this section. This is part of your appeal request. Please check the appropriate box and provide the requested ation in your statement.
<b>Death of an immediate family member.</b> (Immediate family member is a grandparent, parent, child, spouse, brother or sister). Other relatives such as uncles, aunts and cousins are not immediate family members.
Part I. (CAUSE): Explain the circumstances as to how their death affected your academic performance. Was this an unexpected death? Did their death occur during the semester you became deficient? What role did you play in their care? Were you the primary caregiver for this person and what was the reason you chose to be the caregiver? Provide a photocopy of the death certificate, obituary notice or letter from the funeral home. Include in your statement the deceased's name and their relationship to you.
<b>Part II.</b> (YOUR SOLUTION): Please explain what you have done to resolve the problem that prevented you from successfully completing your required hours. Did you seek counseling to deal with the death? Did you make an effort to make up the deficiencies after this death? What steps have you taken to ensure you will complete the upcoming semester.
<b>Illness or injury.</b> You, your spouse, your dependent children, were injured or ill for an extended period of time. Explain at what time the injury or illness occurred in relationship to your enrollment.
<b>Part I. (CAUSE):</b> Who was ill or injured? How long was this person ill or injured? What were the restrictions, if any? Why was this person (if this person was not you) unable to care for his/her self while you attended classes? Provide medical records, bills or doctor's statement. Provide names of the people who were ill or injured and their relationship to you.
<b>Part II.</b> ( <b>YOUR SOLUTION</b> ): What steps have you taken to ensure you will be able to attend your classes and meet your academic obligations for the semester? Explain your plans in detail.
Change in academic program/Previously graduated from a program at RCC. You have changed academic programs or have previously graduated from a program at RCC. As a result, you have exceeded the maximum allowable semesters as per RCC's Financial Aid Satisfactory Academic Progress Policy.
<b>Part I. (CAUSE):</b> Explain your reason for changing majors or attempting an additional degree. In your explanation, include how many hours from your previous major will transfer into your new degree. How many hours do you still need to complete this new major?
<b>Part II.</b> ( <b>YOUR SOLUTION</b> ): Describe your plan of action. List the courses you plan to take in the upcoming semester. Include in your statement your anticipated graduation date. Submit a program evaluation that documents the number of credits accepted into the program and the number of credits needed to graduate.
<b>Extenuating circumstances.</b> You experienced an unusual situation over which you had no control. This unusual situation is not one of the categories above. Automobile accident, automobile breakdown, marital conflicts are examples of extenuating circumstances.
<b>Part I.</b> (CAUSE): Explain the unusual situation and how it affected your studies. Include in your statement what actions you took to successfully complete the classes (i.e., Did you seek tutoring? Why did you drop or fail the class?) When did you decide that you would drop the class or that you would fail the class?
Part II (YOUR SOLUTION): Describe your plan of action. What steps have you taken to solve your problems? Do you

now have reliable transportation? Have you sought marital counseling or resolved problems? Attach your supporting documents such as a letter from a professor, accident report, marriage counselor, divorce attorney or copies of your repair

receipts for your vehicle.

SECTION B  Please indicate the semester you are appealing to have your financial aid reinstated:							
☐ Fall 2013		Spring 2014		Summer 2014			
Have you previously submitted an appeal?	_		_				
Please address all semesters in which you experienced academic problems.							
Describe the actions you have taken to meet y circumstances.	our res	ponsibilities as a student	during the time ye	ou experienced your mitigating			
Describe what changes will now enable you to me	eet the a	cademic progress require	ements in your next	term of enrollment.			
Personal Statement:							

### **SECTION C**

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I am aware that my appeal will not be reviewed until the current semester's grades have been evaluated. Furthermore, I have read RCC's Financial Aid Satisfactory Academic Progress Policy.

I certify that the information I have provided is true and accurate. According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both. Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_ Please mail this form to: Office of Financial Aid and Veterans Affairs, Randolph Community College, 629 Industrial Park Avenue, Asheboro, NC 27205. FOR FINANCIAL AID OFFICE USE ONLY Name of Program: \_\_\_\_\_ Total Attempted Hours: \_\_\_\_ Total Earned Hours: \_\_\_\_ Completion Rate: \_\_\_\_\_ # of Previous Appeals Approved: \_\_\_\_\_ FINANCIAL AID APPEALS COMMITTEE COMMENTS: **Committee Member:** ☐ APPROVED ☐ DENIED Comments: **Committee Member:** ☐ APPROVED ☐ DENIED Comments: **Committee Member:** ☐ APPROVED ☐ DENIED Comments: