



CLOUD COUNTY

Community College

Financial Aid Suspension Appeal

Student Information

Name:	ID/SSN:
Email:	

I wish to appeal my status of Financial Aid Suspension due to the following circumstance:

- During the time of enrollment in which I did not make Satisfactory Academic Progress, I experienced the death of:
 - A spouse
 - A child
 - A parent
 - A sibling

Please submit a copy of the death certificate.

- I experienced an injury or illness during the term that I went on Financial Aid Suspension.

Please submit documentation on professional letterhead from your doctor or counselor stating the time the physical or mental condition occurred and that the condition was severe enough to interrupt your life activities. Details of the injury or illness are not necessary.

- I have taken the required number of courses and earned SAP at Cloud County Community College. ([See SAP policy.](#)) My bill with Cloud County Community College has been paid in full.

- Special Circumstances – **please submit documentation for all requirements.**
 - Please explain in detail the situation which prevented you from successfully completing your coursework during the term of which you were placed on Financial Aid Suspension and what has changed in the situation that will allow you to make satisfactory progress at the next evaluation.
 - Please submit a letter on professional letterhead from a person in a position who was aware of the situation you were going through and can confirm the situation you were in was not conducive to academic success.

Appeals are not automatic. Please allow 3-4 weeks processing time.

I understand that if my appeal is approved I will be placed on Financial Aid Probation and must fulfill all requirements of probation. If my appeal is denied I must complete a minimum number of hours equal to or greater than the number of hours in which I was enrolled at the time of suspension. I must also meet the required GPA standards for the number of hours I have attempted before I will be allowed to appeal again. I agree to abide by any special conditions the committee may specify to ensure success in my higher education endeavors.

Student Signature: _____ **Date:** _____

For the Financial Aid Office to Complete

Authorized Signature:	Date:	<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied