

FINANCIAL AID SUSPENSION APPEAL FORM



Name _____

SSN _____ SID _____

Current Phone # _____ Current Email _____

INSTRUCTIONS

SUSPENSION APPEALS: Include the following in your appeal:

- 1) **Student statement:** Explain the reasons why you did not achieve the minimum satisfactory progress requirements. These should be circumstances that happened to you *after* the beginning of the quarter(s) in question and over which you had no control. You must also explain what has changed about your situation that will allow you to be successful in future quarters.
- 2) **Supporting Documentation:** Attach copies of documents which will verify your statements. These must be copies we can keep. Supporting letters must come from someone other than a friend or relative. *Federal regulations require documentation – your appeal will not be reviewed without this required information.*
- 3) **Academic plan:** Complete the attached academic plan. Include only classes you need to complete your degree, for each of your remaining quarters at GHC. This plan must be approved and signed by your advisor or a counselor in the Counseling Center (call 538-4099 to make an appointment). Keep a copy of your academic plan for your reference.

MAXIMUM TIMEFRAME SUSPENSION APPEALS: Include the following in your appeal:

- 1) **Student Statement:** Explain why the initial time period to complete your degree was insufficient and why you need additional time and credits now.
- 2) **Academic Plan:** Complete the attached academic plan. Include only classes you need to complete your degree, for each of your remaining quarters at GHC. This plan must be approved and signed by your advisor or a counselor in the Counseling Center (call 538-4099 to make an appointment). Keep a copy of your academic plan for your reference.
- 3) **Current Transcript** (go to www.ctc.edu/~grays/student/waci002.html)
- 4) **Current Degree Audit** (go to www.ghc.edu/degreeaudit). Click “Expand all” before printing.

Student Statement (Attach additional pages if necessary):

Student Signature

Date

ACADEMIC PLAN



Student Name _____

Degree or Certificate Program _____

IMPORTANT NOTICE: You are limited to taking only those classes that are required for your degree completion.

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Quarter:	Year:
Course Name/#	Credits

Advisor/Counselor Signature _____ Date _____

Financial Aid Office Use Only					
# Quarters to Meet Pace of Progression Requirement:					
Quarter 1:	/	=	Quarter 4:	/	=
Quarter 2:	/	=	Quarter 5:	/	=
Quarter 3:	/	=	Quarter 6:	/	=