DANVILLE COMMUNITY COLLEGE

If you wish to appeal the loss of your eligibility for financial aid, please complete this entire form. **Incomplete forms will be rejected.** Once this appeal form has been completed, please deliver it to the Financial Aid Office.

Student's Name: _____ Phone: _____

Soc. Sec #: _____ EMPLID #: _____

Program of Study _____

I have completed a FAFSA for the current year: **Yes ____ No ____**

This is my first appeal to have my financial aid eligibility extended: **Yes ____ No ____**

I would like my financial aid eligibility re-evaluated for the semester checked below:

Fall ____ Spring ____ Summer ____

Appeal for Reinstatement of Financial Aid

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. This appeal is based on the situation(s) checked below:

☐ Personal illness or illness of an immediate family member. (Attach a statement from a family physician attesting to the medical condition.)

☐ Death of immediate family member. (Attach a copy of the obituary or death certificate.)

Relationship: _____

☐ Other unusual mitigating circumstances. (Please provide a typed explanation and supporting documents – i.e. court records, police reports, letter from counselor or another unbiased third party who is not a family member, etc.). **Issues with instructor(s)/course(s), job conflicts, transportation, or childcare conflicts DO NOT constitute as unusual mitigating circumstances and will not be considered.**

Please attach your <u>typed and signed</u> explanations:

***Explain in detail the reason you failed to make Satisfactory Academic Progress.**

***Explain in detail what circumstances have changed so that you will be successful.**

Appeal for Extension of Financial Aid

Complete this section if you received notice that your total attempted credits exceed 150% of your current program's length. Please understand this appeal will remain in effect until your current program is completed as long as you meet all conditions of the appeal. If you change programs this reinstatement will no longer apply.

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility for one of the following reasons:

☐ I have exceeded the maximum number of credits allowed (including transfer credits), but have not completed my program of study at Danville Community College.

☐ I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at Danville Community College and am pursuing another.

☐ I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at another school and am pursuing another at Danville Community College.

Please attach your <u>typed and signed</u> explanations:

***Explain the reason you have not completed your program of study. If you have completed a program, and are pursuing a second program, please explain why.**

***Explain what circumstances have changed so that you will be successful. Be sure to provide the date you anticipate graduating from this program.**

DANVILLE COMMUNITY COLLEGE

1008 South Main Street, Danville, VA 24541

Your appeal will not be considered without your initials to show you have read and understand the following conditions.

By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I understand that appeals turned in without supporting documents will be denied. _____
- I understand that handwritten appeals will be denied. _____
- Decisions on appeals are processed on a case-by-case basis. ____
- I have read the DCC SAP policy and understand why I am not making Satisfactory Academic Progress. _____
- I understand that my DCC transcript cannot serve as my supporting documentation. ____
- I understand that I am required to complete all courses for this semester with a grade of "C" or better. This also means I must complete all developmental courses with a grade of "S". _____
- I understand that Financial Aid can only be applied to courses required for my current program of study. _____
- I also understand that I must maintain at least a 2.0 GPA per semester. For this calculation, grades of I, F, R, U, or W will all be counted the same. _____
- I understand that the decision is final and not subject to reconsideration by any party. ___
- I understand that I may have to provide more information to the financial aid office to complete the processing of my aid application, even if this appeal is granted. _____

_____ _____ _____

Student Signature Date FA Staff Initials / Date

My signature above indicates I have read and understand what is expected of me. I also understand that I must allow 2-3 business days for this form to be processed and any financial aid to be made available to me.

PLEASE NOTE: Typed signatures are not accepted at this time.