



Community College

2019-2020 FEDERAL SATISFACTORY ACADEMIC PROGRESS APPEAL

Fall 2019 Deadline: September 16th, 2019

Spring 2020 Deadline: March 9th, 2020

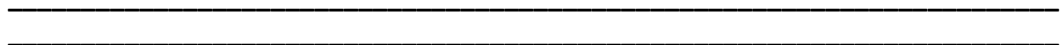
INSTRUCTIONS:

Financial Aid appeals will not be processed without an authorized advisor's signature.

If you are registered with College Discovery (B-236) or ASAP (BA-22) you must see an academic advisor from that area to complete the appeal. All other students must meet with an advisor in Student Advising Services (B-102).

Return your completed form with all supporting documents to C-107.

1. **Complete Sections A, B and D** of the appeal form. **Section C** must be completed by an authorized academic advisor and signed by both the student and the academic advisor.
2. Attach copies of all documentation to support your appeal. If documentation is not included, your appeal will be denied. **Documentation involving a family member must clearly demonstrate relationship.** Documentation should support:
 - **Medical-** Personal illness involving hospitalization or extended home confinement under a physician's supervision or illness of an immediate family member.
 - **Employment-** Change in student's work schedule beyond student's control, and upon which the student and family are dependent.
 - **Military-** Submit official documentation of military service.
 - **Legal-** Submit official documentation of incarceration, jury duty, court dates etc.
 - **Death-** of an immediate family member. Submit copy of death certificate, name of the deceased and the relationship to you. Date on the death certificate must correspond to the time period and the semester affected.





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A.

Name (Print)	<div style="display: flex; justify-content: space-around;"> Last First </div>	Student EMPLID#		
Address	Street	City	State	Zip
Telephone (____) _____ - _____	LaGuardia Email _____			

Section 1: TITLE IV APPEAL

In accordance with Federal Regulations, I hereby request that a waiver from the Satisfactory Academic Standards be granted to me. I understand that if my request is successful, I will be granted a one-term probation period to improve my academic record to meet the standards of my degree. I understand that I must adhere to the Academic Plan outlined by the Academic Advisor.

PLEASE CHECK THE REASON FOR YOUR APPLICATION BELOW AND ATTACH ALL SUPPORTING DOCUMENTATION

Medical	Employment/Military	Legal	Death
<input type="checkbox"/> Hospital record <input type="checkbox"/> Doctor's note <input type="checkbox"/> Birth certificate <input type="checkbox"/> Letter from therapist or social worker	<input type="checkbox"/> Time card <input type="checkbox"/> Letter from employer on Company's Letter Head <input type="checkbox"/> Official form of Military Service	<input type="checkbox"/> Court records <input type="checkbox"/> Police report <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Plane tickets <input type="checkbox"/> Letter from Agency <input type="checkbox"/> Letter from religious Clergy	<input type="checkbox"/> Death certificate <input type="checkbox"/> Letter from Funeral director <input type="checkbox"/> Funeral Program <input type="checkbox"/> Obituary

B.

Please submit a typed and signed statement explaining the reasons for your appeal. Explain why you did not successfully pass your classes, and what has now changed in your circumstances that will enable you to successfully meet satisfactory academic progress standards at the end of the term.



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C.

Student Academic Plan

All fields below must be completed with an Authorized Academic Advisor

I will attempt a maximum credit load of _____ credits in the _____ term.

- I will complete (earn) a minimum of _____ credits successfully in the _____ term.
- At the end of the _____ term I will earn a cumulative minimum GPA of _____.
- Other (if Applicable) _____

Student's Signature

Date

Printed Name of Authorized Academic Advisor

Signature of Authorized Academic Advisor

Date

OFFICIAL STAMP

D. Additional Financial Resources

If you would like to be considered for Public Benefits eg. Food Stamps, Legal Services, Personal Financial Coaching, please check the appropriate box.

- YES
- NO

If the "YES" box is checked, a staff member will contact you.



I acknowledge I am submitting a completed appeal with all required supporting documentation

- I am aware that I must register and pay or be enrolled in a Nelnet Payment Plan for the semester in which I am submitting the appeal. If my appeal is denied, I am responsible for all tuition and fees.
- I am aware an email will be sent to my LaGuardia email account regarding my appeal status within 4 weeks. **The decision of the committee is final.**
- I acknowledge that fraudulent and altered documentation will lead to an automatic denial.

Student's Signature _____ **Date** _____

FOR INTERNAL USE ONLY

Student Financial Services Intake Use Only:

_____	_____	_____
Staff Name (Print)	Staff Signature	Date

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Financial Aid Appeals Committee Authorized Signature	Approved	Denied	Date

Please Note: If your appeal is approved and you fail to meet the above Academic Plan, you will be ineligible for aid the following semester. You may file another appeal with new documentation for the following semester.