

APPEAL FOR FINANCIAL AID REINSTATEMENT

Student Information (please print clearly):

STUDENT NAME _____ DATE _____
xxx-xx-

SOCIAL SECURITY # (LAST FOUR DIGITS ONLY) _____

PHONE _____ CELL PHONE _____

I am appealing for my financial aid reinstatement for (check on semester and specify year):

- Fall 20____ Spring ____ Summer ____

My appeal is based on (check one):

- Completing 2.0 or higher grade point average (Official transcript attached)
 Notification of a grade change (Official transcript attached)
 Extenuating circumstances

The last year/semester I attended DCAD (check one semester and specify year):

- Fall 20____ Spring ____ Summer ____

Directions: (Please print legibly or attach a typed copy of your appeal.)

1. If you are citing extenuating circumstances, complete the section above and explain the specific reason(s) you were unable to meet satisfactory academic progress standards. Use the space below or attach a letter. You must also include supporting documentation from another source, such as a letter from a clergy member, doctor, teacher or medical bills/records or police/insurance report. Appeals with no supporting documentation will not be considered. **Describe steps you have taken to insure this situation will not happen again or how this situation has been or is being resolved.** Finally, submit the appeal form with all attachments to the Financial Aid Office within 30 days of receiving financial aid discontinuation form or notice.

2. After review of your appeal, within 15 days of receiving your financial aid appeal form, the financial aid office will schedule an Appeals Hearing with you (in-person or via phone) to review your appeal, ask questions and give you an opportunity to present any additional information to support your appeal. You will receive a notification of your appeal approval or denial, in writing, within 15 days of your financial aid appeal hearing. Appeal decisions are final.

Please explain specific reason(s) for your failure to meet Academic Progress Standards:

Please describe steps taken to prevent this from happening again and/or ways this problem(s) has and will be resolved:

Student Signature _____ **Today's Date** _____

Copy 1: Financial Aid Office Copy 2: Student Copy 3: Academic Dean
