



Financial Aid Denial - Appeal Form

Name:	Student ID:
Email:	Phone:
Mailing Address:	

I wish to appeal the status of my financial aid denial due to the following circumstances (check one):

- DEATH -- Submit a copy of the death certificate and/or obituary.**
 During the time of enrollment in which I did not make Satisfactory Academic Progress, I experienced the death of a spouse, child, parent, sibling or other significant person in my life.
 → Name of deceased person: _____ Relationship: _____
- ILLNESS/INJURY -- Submit documentation from a health professional, therapist, or counselor.** During the time of enrollment in which I did not make Satisfactory Academic Progress, I (or an immediate family member) experienced an injury, surgery, medical procedure, or illness (physical, mental, or emotional) that was severe enough to interrupt life activities.
- OTHER SPECIAL CIRCUMSTANCES -- Explain in detail the situation(s) which prevented you from successfully meeting Satisfactory Academic Progress standards.**
 → Provide documentation, if appropriate, to support your appeal. (e.g., court or legal documents, pay stubs, public records, etc.)
 → You must submit a letter from a professional person who was aware of the situation you were going through and can confirm that it hindered your academic success.
- SELF-REINSTATEMENT -- For students who have previously submitted an unsuccessful appeal or choose not to disclose their circumstances to the Financial Aid Office.**
 → Students must complete a minimum of **12** credit hours **without the benefit of federal financial aid and provide proof of payment.** (Half-time students who took eight credit hours or less during the term they went on denial can complete a minimum of **six** credit hours **without the benefit of financial aid.**) These specific courses must meet SAP standards (2.0 average GPA & 67% completion rate), and they do not need to be completed in one semester.

REQUIRED WITH ALL APPEALS: A typed, signed, and dated statement to the Financial Aid Director, along with this completed form, all supporting documentation, and an academic plan (see reverse). Your statement should provide a thorough explanation of the following:

- the extenuating circumstances that contributed to your lack of academic progress
- the specific steps you will take to meet the standards of Satisfactory Academic Progress (SAP) to complete your program of study at GCCC

SIGNATURE: _____ **DATE:** _____

Note: The deadline to submit an appeal is by the 1st day of the term for which you want to be considered OR within 10 business days of the date of being notified. **Appeals are NOT guaranteed.**

**GARDEN CITY COMMUNITY COLLEGE
FEDERAL FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS
ACADEMIC PLAN**

Student Name _____ **GCCC ID** _____

In conjunction with your appeal for reinstatement of your federal Financial Aid, you are on an Academic Plan to make Satisfactory Academic Progress*. **This form must be turned in with your Financial Aid Denial Appeal form.** To continue to receive financial aid you must meet the following requirements:

In conjunction with your appeal for reinstatement of your federal Financial Aid, you are on an Academic Plan to make Satisfactory Academic Progress*. **This form must be turned in with your Financial Aid Denial Appeal form.** To continue to receive financial aid you must meet the following requirements:

ADVISOR NAME (PRINTED) X_____
ADVISOR SIGNATURE _____
DATE

CONTRACT STATEMENT:

I have read the above requirements, and I understand what I must do to remain eligible for aid. Failure to meet any of the conditions outlined above will result in Financial Aid Denial and make me ineligible for further federal financial assistance at Garden City Community College.

By signing this statement, I am attesting that I understand the statement above, and I understand I am on an Academic Plan. I understand that I will not be eligible to receive any federal financial assistance (i.e. Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Federal Work Study, Federal Stafford Loans, etc.) should I break the terms of this agreement.

X_____
STUDENT SIGNATURE _____
DATE

*2.0 cumulative GPA and 67% pace (all completed hours / all attempted credit hours)