

SECTION A: STUDENT INFORMATION

Name: _____ Maiden/Other Name: _____ Student#: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

SECTION B: APPEALS INFORMATION

I am appealing to receive financial aid for: Fall Semester Spring Semester Summer Semester Year _____
(NOTE: Committee will not accept Financial Aid petitions after the 80% refund date for that semester!)

Reason student was terminated from financial aid (choose all that apply): >> Attach a copy of the written decision you are appealing. (Required)
 Grade Point Average Non-completion (67% required) Maximum Aid (150% program length)

Why are you appealing the decision? (check one)

The decision was a mistake. (e.g., my financial aid should not have been terminated due to a clerical error.)
 The decision was based on inaccurate or incomplete information, and I can provide the correct information.
 The decision was correct, but I would like a second chance and can explain why.

Have you previously filed an appeal? Yes No Sem/Yr: _____

Did you follow the committee's recommendations from the prior appeal? Yes No If NO, Please explain why below:

Explanation: _____

Do you plan to meet with the committee to discuss this appeal? Yes No

Student's career (or educational) goal(s): _____

Student's primary academic goal at ACM (choose one): Associate's degree Certificate Transfer Other

SECTION C: STUDENT CIRCUMSTANCE

Appeals can only be granted if the student had extenuating circumstances which affected the student's ability to successfully meet the SAP requirements detailed on page 2.

The student MUST attach a detailed letter explaining why they were not academically successful. Each semester of poor performance must be addressed in the letter. Examples of extenuating circumstances include, but are not limited to, illness or injury of the student or the student's direct family member, death of a family member, family or financial difficulties, disability for which accommodations were not provided, and other documented circumstances that were unexpected in nature and beyond the student's control. It is the student's responsibility to provide independent documentation to support ALL claims of extenuating circumstances. Claims for which documentation would be available but which are unsupported by independent documentation will result in the appeal's being denied as incomplete. Examples of independent documentation include but are not limited to medical records, obituaries, court records, financial records, and letters from third party officials or other responsible person(s). All documentation must be submitted by the deadline; late paperwork will not be accepted.

*Not going to class, not applying oneself to academic requirements, social distractions, or other circumstances within the student's control may not be deemed extenuating circumstances.

REQUIRED PAPERWORK:

- 1. All pages of this document (Academic Compliance Plan - electronic form only)
- 2. FINANCIAL AID TERMINATION LETTER
- 3. LETTER TO THE COMMITTEE (written by you explaining what happened in each semester you did not do well academically)
- 4. SUPPORTING DOCUMENTATION FOR ANY CONDITION/SITUATION YOU REFERENCE

Note: The committee is charged with determining whether the documentation is adequate and whether the circumstances are sufficient to restore financial aid.

Note to Academic Advisors: Academic Compliance Plans are absolutely required for all financial aid appeals. Federal rules do not permit the committee to approve financial aid if the student fails to submit an Academic Compliance Plan or if the Plan is incomplete or inaccurate. That means the Plan must (repeat MUST) specify the semester by which the student will be in full compliance with financial aid standards. Therefore, the Plan must (repeat MUST) identify the courses the student will take by semester as well as the cumulative GPA the student must have at the end of each semester. The student is then required to follow the Academic Compliance Plan in order to qualify for future financial aid if s/he does not meet Satisfactory Academic Progress as defined by the federal regulations. (See below.) It is extremely important, therefore, for advisors to know why the student was terminated and what his/her academic record is.

Satisfactory Academic Progress (Defined)

1.) **Grade Point Average:**

Total Hours Attempted	Required GPA
1-14	1.75
15-28	1.83
29-46	1.92
47+	2.0

2. Successful Completion: students must successfully **complete 67% of all** non-remedial credits attempted; F, W, and X grades are not considered successful completion.

3.) Maximum Aid Time: students must complete their program within 150% of the program's published length.

Enter All Values in the Section D (Items #1-#6) below from the Student Financial Aid Termination Notice (Page 1)

SECTION D: Termination Notice Data

(1) GPA Credits: <input type="text"/>	(2) GPA Points- Quality Points: <input type="text"/>	(3) SAP GPA: <input type="text"/>	(4) Attempted Credits: <input type="text"/>
(5) Completed Credits: <input type="text"/>	(6) Completion Rate: <input type="text"/>		

Yellow & White Fields Require User Input Blue Fields- "Auto Calculate"

SECTION E: Compliance Plan

Please complete as many plan semesters in order to demonstrate compliance: Blue Fields will auto-calculate and indicate status.

Semester _____ Year _____

Course No.	Course Name	Credits	Grade	Quality Points	Class Type (Check all that apply)		
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
Enter # of Semester Remedial Credits: <input type="text"/>		Total Semester Credits: <input type="text"/>	Total Credits Attempted: <input type="text"/>	Total Completed Credits: <input type="text"/>			
		Semester QP: <input type="text"/>	Total GPA Credits: <input type="text"/>	Total QP: <input type="text"/>			
				New Completion Rate: <input type="text"/>			
				New (SAP) GPA: <input type="text"/>			

Semester _____ Year _____

Course No.	Course Name	Credits	Grade	Quality Points	Class Type (Check all that apply)		
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
Enter # of Semester Remedial Credits: <input type="text"/>		Total Semester Credits: <input type="text"/>	Total Credits Attempted: <input type="text"/>	Total Completed Credits: <input type="text"/>			
		Semester QP: <input type="text"/>	Total GPA Credits: <input type="text"/>	Total QP: <input type="text"/>			
				New Completion Rate: <input type="text"/>			
				New (SAP) GPA: <input type="text"/>			

Semester _____ Year _____

Course No.	Course Name	Credits	Grade	Quality Points	Class Type (Check all that apply)		
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
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Enter # of Semester Remedial Credits: <input type="text"/>		Total Semester Credits: <input type="text"/>	Total Credits Attempted: <input type="text"/>	Total Completed Credits: <input type="text"/>			
		Semester QP: <input type="text"/>	Total GPA Credits: <input type="text"/>	Total QP: <input type="text"/>			
				New Completion Rate: <input type="text"/>			
				New (SAP) GPA: <input type="text"/>			

Semester _____ Year _____

Course No.	Course Name	Credits	Grade	Quality Points	Class Type (Check all that apply)		
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
					<input type="checkbox"/> Repeat	<input type="checkbox"/> Remedial	<input type="checkbox"/> Program Required
Enter # of Semester Remedial Credits: <input type="text"/>		Total Semester Credits: <input type="text"/>	Total Credits Attempted: <input type="text"/>	Total Completed Credits: <input type="text"/>			
		Semester QP: <input type="text"/>	Total GPA Credits: <input type="text"/>	Total QP: <input type="text"/>			
				New Completion Rate: <input type="text"/>			
				New (SAP) GPA: <input type="text"/>			

SECTION F: Advisor/ Student Validation (Signatures)

Please Sign in designated areas below and print out completed form.

According to federal rules, "extenuating circumstances" are required for reinstatement. That means your circumstances must be unusual, unexpected, documented, and beyond your control. You must provide the specific reason(s) why you failed to meet the federally required Satisfactory Academic Progress (eg., grade point average, successful completion of 67% of your courses, completion of your degree within 150% of a program's published length). You must also submit an Academic Compliance Plan (this form) that you complete with your advisor; this plan MUST demonstrate how you will meet the required standards by a date specific (typically by the end of the next semester).

I certify that all information provided in this petition and its supporting documents are true and accurate. (Any false statements provided in writing (or at the hearing) could result in the denial of the petition and disciplinary action.) I understand that it is my responsibility to ensure that my petition contains all the required documents and is submitted on time. We have discussed these issues, approve the student's planned schedule, and agree to follow this plan.

Advisor's Name Date:

Signature of Advisor

Signature of Petitioner (STUDENT)

NOTE:

"If you and/or your advisor change anything on this Academic Compliance Plan, a new plan must be completed, signed by you (the student) and your advisor, and then submitted to the Director of Student Financial Aid Programs before the last day to add a class for the Full Term. Failure to comply will result in automatic Financial Aid Termination."