



Rockingham

COMMUNITY COLLEGE

Financial Aid Office PO Box 38 Wentworth NC 27375

Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: finaid@rockinghamcc.edu

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Satisfactory Academic Progress Appeal Form for Financial Aid Eligibility

Student's Name _____ Student ID _____

Telephone _____ Email _____

Semester for which you would like financial aid reinstated: Semester _____ Year _____

Do you plan on attending full-time or part-time? _____

Please describe in specific detail when and what the unique and extenuating circumstances were that impacted your ability earn credit during the semester(s) listed above. Also, indicate how your circumstances have changed so that you can comply with the policy in the future. If additional space is needed, please feel free to attach additional pages. **The appeal must include all necessary documentation to support the existence of the extenuating circumstances described and evidence to support that the circumstances have been resolved.** Appeals based upon circumstances that were under the control of the student are not approved (ex., issues with time management). Describe your plans for ensuring satisfactory academic performance in the coming academic term. Describe your plans for ensuring satisfactory academic performance in the coming academic term.

Examples of circumstances that are normally considered for an appeal are:

- Personal or family emergency
- Unanticipated, serious medical or psychological difficulty (excluding chronic conditions: students are responsible for properly balancing school with known chronic conditions)
- Death in family
- Military Service

Submit all required documentation with your appeal. A decision will not be made on your appeal until documentation has been provided.

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Certification and Signatures

Please place your initials below indicating your understanding of the following conditions of the appeal if approved:

- I must receive a 2.0 FPA each semester,
- I cannot receive any withdrawals for any semester, and
- I cannot receive any grades of an "F" for any semester.

I understand if the above conditions are NOT met, then I will NOT be awarded financial aid again until I meet SAP requirements. _____ (initials)

My signature certifies and confirms that I have read and I understand all instructions and that I have provided accurate, complete, and current information. Furthermore, I understand if approved, I must meet the conditions of the appeal for each and every semester. If you meet the conditions of the appeal, the Financial Aid Office will automatically award your aid for that next semester.

Student's Name _____ Student ID _____

Student's Signature _____ Date _____