

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 MAXIMUM TIMEFRAME Appeal Form for Financial Aid Eligibility

Student's Name	Student ID	
Telephone	Email	
Semester for which you wou	ıld like financial aid reinstated: Semester	Year
Do you plan on attending ful	I-time or part-time?	
to fulfill the requirements of t	letail when and what the unique and extenuating the Satisfactory Academic Progress (SAP) Policy anged so that you can comply with the policy in the pages.	y for Financial Aid Eligibility. Also, indicate how
It is required that you meet listing the classes you hav graduation date.	t with a faculty or academic advisor and obtai re to take in your program in order to graduat	in a statement on RCC letterhead from them te and the month and year of your expected
(Continues onto next page)		



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Certification	on and Signatures
Please place your initials below indicating your unde approved:	rstanding of the following conditions of the appeal if
I understand if the above conditions are NOT met, the	en I will NOT be awarded financial aid again until I have
graduated from my current program of study.	(initials)
complete, and current information. Furthermore, I unders	understand all instructions and that I have provided accurate, tand if approved, I must meet the conditions of the appeal for ne appeal, the Financial Aid Office will automatically award your
Student's Name	Student ID
Student's Signature	Date