



Davidson County Community College Financial Aid Appeal Form

In accordance with federal regulations, you can appeal financial aid academic progress performance with the submission of proper documentation. Any student who receives funding from federal or state aid programs but fail to complete the necessary number of credit hours or received an “Incomplete” or “F” per term may seek to reestablish their financial aid eligibility at DCCC provided you have received notification of aid termination. Students must maintain satisfactory academic progress toward the completion of a certificate, diploma or degree program at DCCC. The satisfactory academic standards policy is determined by one’s grade point average, the percentage of credit hours completed and the maximum time frame for program completion per term which can be founded on the DCCC web site.

A student seeking to reestablish financial aid eligibility remains ineligible to receive financial aid assistance or deferment of tuition payment until completion of the appeal process and a decision has been made by the Financial Aid Director. **Students should be prepared to pay tuition, fees and other educational expenses until approved to receive financial aid assistance.** If your appeal is approved, it will be effective for the term you have listed below to be reinstated and no consideration will be given for previous terms.

Events/circumstances that may merit an appeal:

- Personal or family emergency.
- Serious illness or accident.
- Death in family.
- Military service commitment.
- Other.

Please attach your written statement describing in specific details the unique and extenuating circumstances under which you were unable to fulfill the requirements of the Satisfactory Academic Progress (SAP) policy for financial aid eligibility. You are required to attach documentation to support the existence of your extenuating circumstances described and evidence that the circumstances have been resolved. If you received professional assistance from the list provided such as assistance from physician, counselor, case worker, minister, law enforcement or attorney, please provide documentation of their assistance.

Please indicate by checking the semester you wish to have your financial aid reinstated:

_____ Fall _____ Spring _____ Summer

My signature certifies and confirms 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 term while enrolled at DCCC. The appeal completion time should take about 30-40 days to finalize.

Student Signature

Date

DCCC ID#

(_____)_____
Telephone