

2024-25 Financial Aid Suspension Appeal Form

Student Information	
Name:	942#
Phone number:	Email:

To receive financial aid administered by Mountwest Community and Technical College, you must make satisfactory academic progress (SAP) toward completing an eligible degree. For this reason, your SAP for financial aid is calculated each semester to verify that you have met all Federal SAP standards. Federal regulations require that academic progress be evaluated both quantitatively and qualitatively. Mountwest's policy is available on our website, www.mctc.edu.

INSTRUCTIONS:
<ul style="list-style-type: none"> IF YOU DID NOT MEET THE PROGRESS REQUIREMENTS because you had unusual circumstances, you may file an appeal with our office. You will need to demonstrate the unusual circumstances beyond your control. These circumstances should be one-time occurrences that are not likely to be repeated. READ THE INSTRUCTIONS CAREFULLY. All forms and documentation must be submitted by the respective deadline. Incomplete appeals will not be reviewed. Appeals received after the deadline will be considered for the next semester. Deadlines are published on the MCTC Financial Aid Page. PROCESSING TIME WILL VARY. Appeals are reviewed within 15 business days of receipt. You will be notified in writing once a decision has been made; however, you may track the processing of your appeal through your MyMCTC account. THE TIMING OF YOUR APPEAL FILING IS IMPORTANT. If you file late, you must pay your tuition by the due date or you will be dropped from your courses for non-payment. Do not rely on the success of your appeal for tuition payment. You must attend all of your classes while awaiting your appeal decision, but be aware that if your appeal is denied, you will be responsible for paying all charges from your resources. AN APPEAL DOES NOT GUARANTEE A FULL AWARD. If you did not meet the academic progress requirements, you have lost your financial aid eligibility which may include all of the aid that was offered to you for the remainder of the academic year. If your eligibility is reinstated through an appeal, we will award you with the funds we currently have available. IF YOUR APPEAL IS DENIED, your current or future aid offer is subject to cancellation, and no aid (grants or loans) can be paid to you.

The following requirements must be submitted to the Financial Aid Office for your appeal to be reviewed
1. A completed Appeal Form
2. A signed, formal, personal statement explaining your extenuating circumstances
3. Supporting documentation that supports your extenuating circumstances
4. An explanation of steps that will be taken to ensure that the minimum SAP standards will be met

DESCRIPTION OF EXTENUATING CIRCUMSTANCES AND REQUIRED DOCUMENTATION

I wish to appeal the suspension of my financial aid for the reason(s) indicated below:

- MEDICAL:** If a personal medical problem contributed to your failure to maintain SAP, attach documentation that includes treatment dates from a medical professional from whom you have received treatment.
- DEATH/ILLNESS:** If the death or illness of an immediate family member contributed to your lack of SAP, please attach appropriate copies of medical records, death certificate, obituary, etc.
- DIVORCE OR MARRIAGE SEPARATION:** Provide a letter from your or your parent's attorney on the law firm's letterhead or a copy of the divorce decree.
- DISASTERS:** If events such as fire, flood, earthquake, earth tremors, etc. have occurred you must provide insurance claims or other documentation verifying the date of the disaster.
- SIGNIFICANT TRAUMA THAT IMPAIRED YOUR EMOTIONAL AND/OR PHYSICAL HEALTH:** Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc. Please explain how the situation has changed to such an extent that it will not impair your future academic performance
- WORK-RELATED DIFFICULTIES:** If the loss or change in employment impaired your performance, you must provide a letter from the employer that verifies the dates and duration of the occurrence. The Statement should specifically address work-related difficulties and timeframes for which difficulty existed and how the work situation has changed so that it should not significantly impair future academic performance.
- OTHER CIRCUMSTANCES:** Please clearly state the circumstances (not listed above) in your appeal letter and provide appropriate documentation. Please explain how the situation has changed to such an extent that it will not impair your future academic performance. Attach a separate letter if this box is checked.

**** Note: Circumstances related to the typical adjustment to college life, such as working while attending school, financial issues related to paying bills, and/or car maintenance/travel to campus, are not considered extenuating for purposes of appealing.**

STEPS FOR ACHIEVING SAP:

Current Major: _____

I have completed _____% of my current degree.

My current GPA is _____

My GPA should be _____ according to SAP standards.

I have attempted _____ credit hours throughout my academic history.

I have completed _____ credit hours throughout my academic history.

My current Completion Percentage is ** _____%

My Completion Percentage should be 67% according to SAP standards.

To calculate your completion percentage, you divide the total hours you passed by the total hours you attempted.

Please check the box for all of your strategies, including any plans you have or need to have which will help you achieve the Standards of Academic Progress and graduate in your stated program.

- Tutoring Services
- Disability Services
- Counseling Services
- Recovery Support
- Academic Forgiveness
- D/F Repeat
- Other

STUDENT CERTIFICATION

I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal and that I must still make payment arrangements.

I understand if my appeal is:

- DENIED, I will not receive financial aid and will make alternative payment arrangements. By signing below, I understand that decisions are processed on a case-by-case basis and the Financial Aid Office may deny any SAP appeal. I also understand that the decision of the appeal is final. I understand that in order to regain my financial aid eligibility I must meet the federal SAP requirements.
- APPROVED, I will be granted aid on a probationary status. By signing below, I understand that in order to continue my eligibility I will be expected to meet all SAP requirements. I will maintain a semester GPA of at least 2.0 and not withdraw or fail to receive credits for classes enrolled. I will only enroll in hours that are recognized as required courses towards graduation. Once my appeal is approved, I will need to sign a SAP contract, supplied by the Financial Aid Office, before my financial aid can be disbursed.

I understand that if I do not meet these requirements I will be ineligible to receive financial aid and will be responsible for payments toward my student bill until I meet all satisfactory academic progress standards.

By signing below, I am certifying that I have read the information listed above and that I understand the conditions required in order for my financial aid appeal to be granted. I also understand that failure to complete these requirements may result in the loss of my financial aid.

I hereby certify that all information contained in this appeal, including the personal Statement and documentation, is true and complete to the best of my knowledge. I am aware that falsified documentation will result in an immediate denial of my appeal.

Student Signature: _____ Date of Application Submission: _____

ATTENTION ADVISORS-A student's appeal will only be considered with submitting a completed academic plan developed by the student and his or her advisor. The plan must outline the coursework necessary to achieve the minimum Satisfactory Academic Progress (SAP) standards. At the end of each semester, the student's academic record will be reviewed to ensure that he or she follows the plan. Please attach a copy of the student MyDegree page.

By signing, I certify that I have discussed the academic plan contained in this recommendation with the student.

Academic Advisor: _____ Date: _____