Richmond COMMUNITY COLLEGE

Serving Richmond and Scotland Counties

Financial Aid Office
1042 West Hamlet Avenue
Post Office Box 1189, Hamlet, NC 28345

Satisfactory Academic Progress Policy Financial Aid Appeal Form

Student Name:_____ Student ID:_____
Last First Middle

Telephone:_____ Email:_____

Semester for which you would like financial aid to be reinstated _____ _____
Semester Year

Appeals for the reinstatement of aid:

- Are the responsibility of the student
- Should reflect situations that were beyond the control of the student
- Should provide how those situations have been correct and include documentation if necessary
- Students should be prepared to pay for tution, fees and other educational expenses until they have bee approved to receive financial aid. If an appeal is approved, students are not guaranteed a replacement of any previously awarded financial aid package.
- The circumstances under which a student is permitted to submit an appeal include the death of a relative, injury or illness of the student, or other special circumstances.

Please describe the circumstances that caused you to not make satisfactory academic progress (you may use additional pages):

_____
_____
_____
_____
_____
_____
_____
_____
_____

What has changed about your situation that will now allow you to make academic progress:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

My signature certifies and confirms that I have read and understood all instructions and I have provided accurate, complete and current information.

_____ _____
Student Signature Date

Student Name

Student ID

Office Use Only

Program of Study_____

Total Hours Attempted _____

Total Hours Earned _____

Cumulative Completion Rate _____

Cumulative GPA _____

When was the student last enrolled _____

☐ Approved

☐ Denied

Comments:

Committee Members:

Signature of Committee Chair, Vice Chair or Director of Financial Aid