Appeal Instruction Sheet for Degree Audit

- The Financial Aid office will not accept an incomplete appeal packet. Completed forms and supporting documents must be submitted together to make your packet complete.

- Please be aware that you will not be attending the appeals meeting. Your appeal forms will be representing you so make sure you do the best job possible when completing them.

- **This is your one and only appeal!!**

- If your appeal is denied, you will need to pay out of pocket or seek other financial resources to help cover your cost of tuition, fees, etc.

- The appeals applications are due on the following dates: October 20th, March 20th, or July 20th, with the committee members typically meeting a week following the due dates.

- You will need to attach a letter stating how you accumulated so many attempted hours and how now you are on a correct career path. A third-party letter is not necessary but can be attached.

- **All appeal decisions are FINAL.**

Financial Aid Degree Audit Appeal

Return: Financial Aid Office
149 SE College Place
Lake City, FL 32025

Office: (386) 754-4284
Fax: (386) 754-4784

Complete this form and attach your letter as documentation for your appeal. (See Instruction Sheet.) ***Incomplete forms without supporting documentation will not be considered.***

Name: _____ **SID:** _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: _____
(Your address and telephone should reflect where you can be reached during the appeal process.)

Major: _____

Please check the term for which you are submitting a Degree Audit.

_____ Fall _____ Spring _____Summer Year:_____

1. Complete the attached Financial Aid Appeal Academic Plan Worksheet with your advisor.
2. Attach a letter explaining what happened and what has changed with your situation.
3. Please have your advisor attach your degree audit to this form.

All the materials for your Appeal should be turned in as one package (please make a copy for your records):

_____ Academic Plan
_____ Degree Audit from advisor
_____ Student letter

I certify that all information and documentation I have submitted pertaining to this appeal is true. I understand that the decision of the Financial Aid Appeals Committee is final. I also understand that I can only appeal one time.

_____ _____

Signature Date

For Office Use Only

Reason for unmet SAP:

_____ Cumulative GPA

_____ Course Completion Rate

_____ Academically Dismissed

_____ MAX 150

Number of Semesters at FGC: _____

_____ Approved, beginning with _____term Year: _____ _____Denied

Financial Aid Appeal Academic Plan Worksheet

Note: Advisors are not available to complete academic plans during major registration.

To the Academic Advisor:

A Financial Aid Appeal Committee will review this student's appeal, but will need the information you provide on this Academic Plan Worksheet to help reach a more informed decision. Please discuss with the student their academic performance and goals and make necessary course recommendations for future academic terms. If you have any questions, please feel free to contact the Financial Aid office at ext. 4283. Thank you for your assistance.

Student Name _____ Student ID _____

Major _____ Advisor's Name _____ Academic Plan should only include those courses required to graduate:

Suggested Courses Term 1	***Suggested Courses Term 2***	***Suggested Courses Term 3***	***Suggested Courses Term 4***
Total Cr. =	Total Cr. =	Total Cr. =	Total Cr. =
Alternatives	Alternatives	Alternatives	Alternatives

Remaining Credits Needed to Graduate _____ Anticipated Grad Date _____

Comments:

Advisor Signature: _____ Date: _____

To the Student: If your appeal is approved, you're considered to be on **financial aid probation** and your financial aid eligibility will be reinstated for one semester.

To continue eligibility for future semesters, you must follow this plan AND

1. Complete all classes with grades of C or better *and*
2. Receive no D, F, W, or I grade *and*

By signing this academic plan, the student agrees to follow the plan with the grade requirements listed above. If you fail to meet the requirements of the plan and you are still not meeting the overall SAP requirements, your financial aid will be suspended.

Student Signature: _____ Date: _____