Angelina College
FINANCIAL AID APPEAL PACKET INSTRUCTIONS

Your appeal cannot be considered without the items listed below:

- **Appeal form explaining both:** Your understanding of why you are on financial aid suspension and what has changed to allow you to make satisfactory progress by the end of the next term.
- **A degree plan** signed and dated by your advisor.

If your reasons for appeal include any of the following, you must include documentation as indicated:

- **Medical reasons:** Write a statement explaining the illness or injury, when it occurred and the duration of the illness. Provide a doctor’s statement citing the illness or injury and releasing you to return to school.
- **Death of parent, spouse, child, sibling or other direct family member:** Write a statement explaining the individual’s relationship to you and their date of death. Provide a copy of the death certificate, obituary, or letter from a third party professional (lawyer, minister, doctor, etc.)
- **Other special circumstances:** For legal issues, such as divorce or child custody/support issues (but excluding incarceration) include dates, and documents resulting from your court appearance; signed judicial orders showing dates in question. For other special circumstances, attach appropriate supporting documentation.

**NOTE:**

- Appeals submitted during a registration period are not guaranteed immediate review. If you have submitted your appeal at that time, you should attempt to arrange alternate financing in case your appeal is not approved or your financial aid is not awarded in time.
- If your appeal is approved, the approval will place you on financial aid probation with conditions that you must fulfill.
- You will be notified in writing, at the address on your appeal, of the result of your appeal. Calling to inquire about the result will not speed the process.
- You should read the “Satisfactory Academic Progress Policy,” attached to the appeal packet, very carefully.
Angelina College
FINANCIAL AID APPEAL FORM

Name ___________________________  Date ___________________________

Address ___________________________  Student ID or SSN ______________________

City, State ZIP ___________________________  Telephone ___________________________

Please complete sections 1 – 6 below (all sections must be completed for consideration of your appeal).

1. I appeal to take classes for the: [FALL] [SPRING] [SUMMER] semester of ________ (year).
   (Circle appropriate semester)

2. I understand that I am on financial aid suspension because I am not making Satisfactory Academic Progress. I did not make Satisfactory Academic Progress because:
   ____ I was ill or injured
   ____ I had a death in my family
   ____ I had other special circumstances

3. Please describe your illness or injury, the death in your family, or the special circumstances you encountered, and how this affected your coursework. You should attach supporting documentation to this form.

4. Please explain what has changed that will allow you to make satisfactory academic progress by the end of the next term.

5. My major is ___________________________. My academic advisor is: ___________________________.
   I have met with my academic advisor, and have attached a degree plan.

6. I certify that the information that I have provided is complete and correct. I understand that I will be notified in writing of the committee’s decision.

Signature ___________________________________________  Date: ___________________________