



Appeal Form for Title IV

This form must be filled out in its entirety.

Name (Please print) _____

SCC ID# _____ Phone _____ Date _____

E-Mail _____

Program of Study _____

Semester to appeal (check one): Fall _____ Spring _____ Summer _____ Award Year _____

Please meet with your Academic Advisor to complete this appeal. Remember to attach a signed and dated appeal letter detailing why you have not met Satisfactory Academic Progress (SAP) standards. You must include supporting documentation, if applicable. Please type, print or write legibly.

Please submit the completed appeal packet via email or in person to:

SCC Financial Aid Office
8364 Shawnee College Rd.
Ullin, IL 62992
Email: finaid@shawneecc.edu
Phone: 618-634-3200, Option 1, Option 2

Financial Aid Office Use Only							
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; margin: 0;"><u>Financial Aid Notes</u></p> <p>Called and spoke to student _____</p> <p>Called and left message for student _____</p> <p>Emailed Student _____</p> </div> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="margin-top: 20px;"> Approved <input type="checkbox"/> Denied <input type="checkbox"/> </p>	<p>Date Received: _____</p> <p>SAP Code: _____</p> <p>Term GPA: _____</p> <p>Cum. GPA: _____</p> <p># Hours Enrolled: _____</p> <p style="text-align: center;"> Eval <input type="checkbox"/> Tran <input type="checkbox"/> </p> <p style="text-align: center; margin-top: 10px;"><u>Appeal Committee Members</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 70%;">Signature</td> <td style="border-top: 1px solid black; width: 30%;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Signature</td> <td style="border-top: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Signature</td> <td style="border-top: 1px solid black;">Date</td> </tr> </table>	Signature	Date	Signature	Date	Signature	Date
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Appeal Letter Outline

Current Date

Dear Appeals Committee:

Paragraph 1 *(explain reason for letter—grades, 67% rule, have not earned a degree)*

Paragraph 2 *(explain reason for becoming ineligible)*

Paragraph 3 *(include any changes you plan to make to correct the problem)*

Paragraph 4 *(closing and contact information)*

Sincerely,

Student's signature

NOTE:

Please provide any documentation for circumstances mentioned in this letter. Possible documentation could include (but is not limited to) a death certificate, obituary, birth certificate, hospital bill, doctor's excuse or diagnosis, legal court documents, vehicle repair bill, accident report, or a police or fire report. All documentation should be as clear as possible, easy to read, and correspond to the dates of your ineligibility. Letters should be printed or typed and include student's handwritten signature.



Academic Plan to Complete Degree Requirements

Student Name _____

Student ID _____

Your faculty advisor or academic advisor will need to assist you in completing your academic plan.

Degree or Certificate you are pursuing: _____

(If pursuing multiple degrees or certificates, an academic plan must be completed for each one.)

Number of credits completed toward degree: _____

Number of credits needed to complete degree: _____

Estimated date of graduation: _____

List the courses that you will need to take each semester until graduation.

Semester _____

Semester _____

Semester _____

Semester _____

Semester _____

Semester _____

Date

Student's Signature

Advisor's Signature



Contract for Academic Plan for Financial Aid Probation

Full Name _____ Student I.D. _____

Term of Probation: Fall Spring Summer Year _____

Reason for Unsatisfactory Academic Progress (Check all that apply)

- Cumulative Grade Point Average
- Course Completion Rate Below 67%
- Maximum Time Frame

I accept the conditions outlined in this contract and the attached Academic Plan and understand that if I fail to meet the requirements, I will return to ineligible status for financial aid. I understand that as a result of my not meeting financial aid standards of progress, I agree to participate in this contract for the duration of my probation and will work diligently to complete my degree/certificate.

- Earn at least a 2.000 semester grade point average (GPA);
- Complete 100% of my courses per semester with a grade of C or better in each class and no withdrawals; and
- Remain in _____ Degree/Certificate

Student's Signature

Date

Advisor

Date

Shawnee Community College has many free student support services. Contact the Student Success Center at (618) 634-3316 for assistance.