

# Financial Aid Suspension Appeal



**INCOMPLETE FORMS WILL BE DENIED:** Please read and complete thoroughly.

**Type or print clearly. Complete all sections.**

Name \_\_\_\_\_  
Last First Middle

Full Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
City State Zip

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

ConnectMail Address: \_\_\_\_\_@connect.durhamtech.edu

*Please indicate enrollment semester for which reinstatement is requested. Check only one semester.*

Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

## Eligibility

1. *To be considered for approval*, a student must be able to achieve a GPA of 2.0 and a completion rate of 67 percent, both cumulative, in the semester of reinstatement.
2. If you are at your programs "Maximum Time" you can only appeal in the last semester in which you graduate. You must apply for graduation and attach your "Degree Audit" letter.
3. Appeals will not be granted consecutively. For example: If your appeal is approved for the fall and you do not meet the GPA and completion rate requirements by the end of the fall semester you will not be eligible for another appeal approval in the spring.

**Basis for Appeal** (please check one):

- Severe hardship/Crisis  Degree earned (Max time)  Severe injury or illness  
 In last semester to graduate (max time)  Death in the family  
 other \_\_\_\_\_

**Documentation Provided** (please provide supporting documentation):

- Doctor's note  Eviction notice  court documentation  Obituary  
 Unofficial transcript (proof of graduation)  
 Degree audit letter (proof of pending graduation)  
 other \_\_\_\_\_

Provide a clear explanation of why you are not meeting satisfactory academic progress. Please attach supporting documentation and submit it with this form:

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Provide a detailed explanation of what has now changed that will allow you to meet satisfactory academic progress by the end of reinstatement.

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**Plan of study**

In order for a financial aid appeal to be approved, students must have both an unforeseen event AND the ability to reach satisfactory academic progress standards within one semester. Please list the courses in which you plan to enroll next semester to bring your academic progress to the satisfactory level.

Course Name/Number	Course Title	Credit Hours
EX: <u>BUS 111</u>	<u>Intro. to Business</u>	<u>3</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total number of credit hours:** \_\_\_\_\_

We encourage you to discuss your situation with the academic advisor to ensure you are prepared to successfully complete the above listed courses.

These courses have been approved by an academic advisor and are necessary within the students plan of study. **Signature of academic advisor:** \_\_\_\_\_

**Please read and initial beside each statement, I attest to the following:**

- I understand that if my appeal is approved, my aid will be reinstated for only one semester, after which my academic progress will be assessed again. I also understand that if I have not achieved satisfactory academic progress by that time, my aid will again be suspended and I will not be eligible to submit an additional appeal.
- I understand that any documentation submitted with this appeal will become a permanent part of my financial aid file at Durham Technical Community College.
- I understand that if a decision regarding my appeal cannot be made during registration for, or after the start of, the next semester, I must bear the expenses for any tuition and fees charged, as well as books and supplies purchased, prior to any reinstatement of my aid. I understand that I will be reimbursed only if my appeal is approved and I am eligible to receive financial aid.

I understand that I can expect a decision regarding my appeal within ten business days after submission of this form.

I understand that providing any false or misleading information on this form will result in denial of my appeal. If the appeal has already been approved, the approval will be rescinded.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Approve Appeal/ Probation

Deny Appeal/ Suspension

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to:  
Durham Technical Community College, Financial Aid office  
1637 Lawson Street, Durham, NC 27703  
Fax: 919-686-3672 Email: [financialaid@durhamtech.edu](mailto:financialaid@durhamtech.edu)