



*Office of Financial Aid*  
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**Appeal of Financial  
Aid Suspension  
2016-2017  
School Year**

Use this form if your eligibility to receive financial aid for the 2016-17 academic year has been suspended. You have an opportunity to appeal this decision. **Carefully read and follow the instructions below.**

1. Type **and** sign a **detailed letter of appeal**. This letter should include and describe the following points:
  - a. Extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress (SAP) standards. **NOTE:** Sometimes it only takes one bad term but most often it takes two (2) terms to put you on Financial Aid Suspension. Focus on semesters/quarters you failed and/or withdrew from classes. Examples of extenuating circumstances include, but are not limited to:
    - i. Death or serious illness or injury to an immediate family member
    - ii. Extended hospitalization or medical condition of student
    - iii. Victimization of a violent crime or natural disaster
    - iv. Work related difficulties
    - v. Other documented situationsLack of transportation to school or poor performance in class is **NOT** considered extenuating circumstances. A change of major is also not considered an extenuating circumstance. An appeal should not be based upon your need for financial assistance.
  - b. Plan of action to resolve the cause for the circumstance or unit-deficiency and explain how it will not cause problems in the future.
2. Provide copies of **supporting documentation** such as doctors' letters/bills, death certificate, obituary, or police reports. **Failure to provide adequate documentation will result in your appeal being denied.**

#### **AFTER SUBMITTING YOUR APPEAL**

Appeals must be submitted by the payment deadline of the semester you plan to attend (see student calendar for date). Appeals are reviewed at the end of each semester after grades are posted. You can track the progress of your appeal on Banner Web for Students, under Requirements. In-person appointments will not be granted unless requested by the Office of Financial Aid. Appeals submitted after the deadline will be considered for the next semester.

During the review, some of the factors that will be considered are:

1. Validity of the reasons for failing to meet the standards.
2. Resolution of the problems leading up to your failure to meet the standards.
3. Prior academic history (credits earned vs. credits attempted, GPA, number of repeats, etc.).
4. Number of previous suspensions and reinstatements.
5. Your demonstrated motivation to succeed and likelihood of future success.
6. Quality and thoroughness of appeal and supporting documentation. The dates on your documentation must align with the dates of the semester(s) you failed to pass your courses.

If your appeal is denied, you may submit a secondary appeal to the Office of Financial Aid if you are providing new information that was not considered in your original appeal.

Do not rely on the success of your appeal for tuition payment. Financial Aid suspension will only prevent disbursements to your Banner account and does not affect any other services on campus.

If your appeal is approved, reinstatement does not guarantee an award. We will award you with the funds we currently have available. You are not guaranteed replacement of any previously awarded funds. You will be placed on Financial Aid Probation with conditions that may be required to gain aid eligibility.

**The Office Financial Aid will not make copies of original documents. Please bring your own copies to submit.**

# Appeal of Financial Aid Suspension

Student's Name: \_\_\_\_\_  
Last First

Student ID: **900** \_\_\_\_\_

Email Address: \_\_\_\_\_ @ STUDENT.ALBANYTECH.EDU Phone: \_\_\_\_\_

1. Appeal submission **deadline date** for the semester for which you are submitting the appeal for:  
 Fall 2016 (Aug. 12th)  Spring 2017 (Dec. 29th)  Summer 2017 (May 12th)
2. Please indicate the extenuating circumstances that have contributed to your inability to maintain SAP by checking any category that applies to you. You also must follow the instructions for each checked category.
  - Serious illness or injury to student or immediate family member (parent, spouse, sibling, child) that required extended recovery time.** Attach a statement from the physician on letterhead explaining the nature and dates of the illness or injury and a release to return to classes.
  - Death of an immediate family member.** Attach a photocopy of the death certificate or obituary and include the name of the deceased and relationship to you.
  - Significant trauma in student's life that impaired the student's emotional and/or physical health.** Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome this condition. Supporting documentation from a third party (physician, social worker, psychiatrist, police, etc.) also must be attached.
  - Victim of a crime.** Attach copy of police reports of incident.
  - Work-related difficulties.** Attach statement from employer (on company letterhead) explaining the student's specific work related difficulties, timeframe of the difficulties and how the situation has changed to such an extent that it should not significantly impair future academic performance.
  - Other unexpected documented circumstances beyond the control of the student.** Please explain in detail the nature and dates of the unexpected circumstances. Supporting documentation also must be provided. If appealing for maximum eligible timeframe, you must provide a letter on letterhead from your advisors that contains your remaining classes (including the number of credit hours and your expected graduation date).

By signing this form, I certify that I read both pages of this form and that the information provided and all supporting documentation is true and accurate. Falsified documentation will result in an immediate denial of your appeal. Future appeals may also be denied as well.

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

\_\_\_\_\_  
Date

## For Office Use Only

Sent to the committee: \_\_\_\_\_ Reason for SAP:  Completion Rate  Cumulative GPA  Max Hours

Judge 1  Approve  Denied

Team:

Judge 2  Approve  Denied

Final Score:

Judge 3  Approve  Denied

Approve  Denied

\_\_\_\_\_  
Financial Aid Representative

\_\_\_\_\_  
Date