Financial Aid
Suspension/Max Hour Appeal

Name: ___________________________  Crowder ID #: ____________
E-Mail: ___________________________  Phone #: ____________________

Have you ever received a financial aid appeal in the past? (Circle one)  Yes  No
*If yes, what semester and year was a financial aid appeal granted? _______________________

Students with extenuating circumstances (e.g., injury, illness, death of relative, other special circumstances) who have failed to meet the standards of Satisfactory Academic Progress (SAP) or have exceeded Maximum Hour limit, have the option to submit an appeal.

Circle the semester for which you are requesting an appeal (only one):  Fall  Spring  Summer
Check the reason you are requesting an exception (check all that apply):
[ ] Did not meet cumulative GPA (2.0) requirement.
[ ] Did not meet the required pace of 67% completion rate.
[ ] Have exceeded or will exceed the maximum hour timeframe (96 attempted hrs. or 114 for Nursing, OTA & Vet Tech. programs or 45 for certificate programs).
[ ] Previous degree
[ ] Other: ___________________________

Deadline for Submission:
An appeal for the current semester will not be accepted after the second week of classes (first week for the summer semester). Prior semester appeals are not considered. This appeal will not be reviewed until all required documents have been submitted.

Required Documents:
- A signed, legibly written/typed explanation from you detailing the reason(s) for your lack of satisfactory academic progress or reaching maximum hour limit, with a statement explaining what corrective measures you have taken to ensure satisfactory academic progress in the future.
- Documentation supporting your explanation. Acceptable documentation include letters, medical reports, death certificates or other information from third-party sources that support your case.
- Plan of Study completed by you with the assistance of your degree audit and advisor. The plan must be signed by you and the advisor.
- If you have any incomplete grades you must provide documentation from the instructor stating your progress in the course(s) and your anticipated completion date.
- Appeal should include a copy of your degree audit (obtained through your MyCrowder).

Certification Statement:
By signing below, I acknowledge that I have read and I understand the information on this form. I certify that all information submitted with this appeal is accurate and true to the best of my knowledge, that all copies are unaltered, and that I have appropriately attached all supporting documentation. I have read and I understand the Satisfactory Academic Progress (SAP) policy and understand that submitting this form does not guarantee that my request will be granted.

SIGNATURE: ___________________________ DATE: ____________________

Appeals are reviewed by the Financial Aid Director/Counselor. The outcome of an appeal will depend on the nature of the circumstances, the quality of the documentation provided, and how well the student has displayed the ability to progress toward degree completion within a reasonable timeframe. Students are notified of the decision by email and letter.

**DO NOT DEPEND ON AN APPEAL DECISION FOR FINANCIAL AID ARRANGEMENTS FOR THIS CURRENT SEMESTER**
Financial Aid Plan of Study

Student Name: ___________________________ Crowder ID #: ___________________   E-Mail Address: ____________________________

Phone Number: __________________________ Degree: ________________________ Graduation Date: ______________________

In measuring the timeframe required for Satisfactory Academic Progress toward a degree, students may only attempt up to a maximum of 150% of the required hours for their program of study. Students must complete 67% of their total credit hours attempted. Coursework attempted during all semesters will be evaluated cumulatively for the required 67% completion and cumulative grade point average of 2.0.

**Student:** Please work with your advisor to determine how much work is necessary to complete your degree. Please contact an advisor to schedule an appointment to discuss your Plan of Study.

**Advisor:** Please list, by enrollment period, all remaining courses required for the completion of the student’s current degree program or to remedy a deficiency in grade point average. Include the complete course number (e.g. ENGL 101), applicable credit value and anticipated class grade in the space provided. Please return the completed Plan of Study Form to the Financial Aid Office.

*Please add additional page or list on back of plan of study if more space needed.

**Student Certification:**
I certify that the courses specified are **required** for the completion of my current degree. I understand that any deviation from this Plan of Study must be pre-approved by the Financial Aid Office. Failure to follow this Plan of Study may result in Financial Aid Suspension.

____________________________  __________________________
Student Signature          Date

**Advisor Certification:**
I certify that the courses specified are **required** for the completion of this student’s current degree.

____________________________  __________________________
Advisor’s Signature          Date

Print name

Office Use Only:  _______ Semesters Needed
Suspension Appeal  ☐  Ext Circumstance  ☐  Max Hours Appeal  ☐  GPA Appeal  ☐
Financial Aid Appeal Checklist

Have you completed and submitted all necessary documentation for your appeal?

- Signed Appeal Form ___
- Signed Plan of Study ___
- Signed written explanation ___
- Supporting documents ___
- Incomplete grade documentation (if you have incomplete grades) ___
- Copy of your Degree Audit ___
- Current Fafsa on file ___

For Office Use Only:

Comments:

_____ GPA and/or Completion Rate
_____ Exceeded Maximum Timeframe

Appeal Decision:

_____ Approved for ________term(s)
_____ Denied