

## Financial Aid Probation Appeal Form

In order to receive most forms of financial aid, students must maintain Standards of Academic Progress for Financial Aid Recipients with regard to grade point average, completion rate, and program length. Students denied Federal financial aid for this reason have the right to submit an appeal requesting reinstatement of future financial aid, if documentable circumstances can be shown to have adversely impacted their academic success. Appeals are reviewed by the Standards of Academic Progress Appeals Committee.

For future financial aid consideration, complete the form below and attach required statements and documentation. **Note that students are responsible for completing all portions of the appeal request themselves. A Delta faculty or staff member may not do so on your behalf.**

### STEP ONE:

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Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

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I would like to be considered for financial aid for the following semester – select one semester only:

- Fall (Appeals are accepted between May 1<sup>st</sup> and August 1<sup>st</sup> only)  
 Winter (Appeals are accepted between October 1 and December 1 only)  
 Spring-Summer (Appeals are accepted between February 1 and April 1 only)

### STEP TWO:

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Attach your typed responses to both of the following questions:

1. What circumstances do you believe caused you to be unable to meet standards of academic progress with regard to grade point average, completion rate, and/or program length? Please include documentation such as official forms, records, or letters from your healthcare provider, lawyer, or instructor to support your statement.
2. What changes have you made to ensure your future academic success?

**OVER**

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**STEP THREE:**

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My academic program of study is: \_\_\_\_\_

1. Meet with your academic counselor or advisor to discuss your current educational goals and to create/update your academic plan.
2. Attach a copy of your academic plan to your appeal.

**STEP FOUR:**

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I understand that:

- Incomplete financial aid probation appeals will be denied.
- I will receive notification regarding the Standards of Academic Progress Appeals Committee's decision via my Delta email account.
- If my appeal is approved, I will be responsible to meet certain conditions associated with my financial aid probation. I will be restricted to enrolling in the courses listed on my academic plan and will be required to successfully complete all courses I attempt with a "C" grade or better. No withdrawals (W or WI), Incomplete (I), or No Credit (NC) grades will be acceptable. Failure to meet appeal conditions may negatively impact my future eligibility for financial aid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form, all required written statements, and documentation to:

Delta College  
Financial Aid Office, D101  
1961 Delta Road  
University Center, MI 48710

FOR OFFICE USE ONLY	
<b>Financial Aid Probation Considered For:</b> <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____	<b>Financial Aid Probation Decision:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Wait for Grades
<b>Approval Rationale:</b> <input type="checkbox"/> Passport to Success Student    Last Attended _____ <input type="checkbox"/> Good Academic Improvement <input type="checkbox"/> Documentation Supports Appeal <input type="checkbox"/> PL _____ <input type="checkbox"/> Other _____	<b>Denial Rationale:</b> <input type="checkbox"/> Erratic/Poor Academic Record    # of Semesters _____ <input type="checkbox"/> No Documentation <input type="checkbox"/> Documentation Doesn't Support Appeal <input type="checkbox"/> Did Not Meet Original Appeal Conditions <input type="checkbox"/> Other _____
<b>Committee Signatures:</b> _____ _____ _____	_____ _____ _____ Date of Decision: _____