

Financial Aid Second Appeal Form

For future financial aid consideration, please explain the situation(s) beyond your reasonable control that has prevented you from maintaining satisfactory academic progress. Submitting an appeal does not guarantee an automatic approval.

Instructions: Please complete this form entirely and be sure to include an explanation and provide supporting documentation for all semesters that you were enrolled and may have had academic or personal struggles.

Please return this form and all required documentation to Delta's Financial Aid Office by mail: Financial Aid Office, Delta College, 1961 Delta Rd, University Center MI 48710 or fax: (989) 667-2202.

Second appeals will only be considered if you have additional information or documentation that was not provided with your first appeal.

You are required to prove that your academic struggles were for situations that were not in your control and that you are now able to be successful if given a second opportunity.

Name: _____ Student ID: _____

Phone: _____

My academic program of study is: _____

Name of Academic Counselor/Advisor: _____

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

___ Fall

___ Winter

___ Spring-Summer

B. Reason for appeal: _____ Low GPA _____ Low Completion Rate _____ Max Program Length,
(this includes seeking multiple degrees)

Answer the following questions; you must answer all questions, be complete and thorough:

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? How does this response differ from the information provided with your first appeal that was denied?
2. Have you made any additional changes to ensure your future academic success following the denial of your initial financial aid appeal? If so, please provide a detailed account of these changes.

I am attaching copies of the following supporting documentation as part of my second appeal request:

- Legal Documentation Medical Documentation Letters of Support
 Death Notice or Certificate Other: _____
 I am unable to provide documentation for the following reason:

Please review and initial the following details:

I understand that I must **read, initial** and **follow** the steps listed below for a decision to be made on my Financial Aid Appeal Form.

I have attached my written statement to address the two questions from the appeal form.

I have attached supporting documentation. A written statement without documentation is not enough to support the appeal. **INCOMPLETE APPEALS WILL BE DENIED.**

If my second financial aid appeal is denied, I must provide evidence of my academic improvement before a subsequent appeal request will be considered.

I will receive notification regarding the Director's decision via my Delta email account.

If my appeal is approved, each semester I must receive grades of a C (2.0) or better in each class to continue to be considered for financial aid. No grades of C-, D+, D, D-, F, No Credit (NC), withdrawals (W/WI), audits (X) or incompletes (I) will be accepted. If I do not meet these grade requirements, I will be responsible for my enrollment and paying for any outstanding tuition, fee, or bookstore charges.

Student Signature: _____ **Date:** _____

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2nd Financial Aid Appeal Considered For: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____	Financial Aid Appeal Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Approval Rationale: <input type="checkbox"/> Good Academic Improvement <input type="checkbox"/> Documentation Supports Appeal <input type="checkbox"/> PL _____ <input type="checkbox"/> Other _____	
Denial Rationale: <input type="checkbox"/> No Documentation of mitigating circumstances <input type="checkbox"/> Did Not Meet Original Appeal Conditions <input type="checkbox"/> Erratic/Poor Academic Record # of Semesters _____ <input type="checkbox"/> Other _____	
Financial Aid Director Signature: _____ Date of Decision: _____	