

**Financial Aid Satisfactory Academic Progress Appeal Form for Graduate Students
150% Credit Hour Limit Exceeded**

Kettering College, Student Finance Office, 3737 Southern Boulevard, Kettering, OH 45429
(937) 395-6022, Fax (937) 395-8338, kc.edu/financialaid

Student Name (print) _____ KC Student ID _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

Appeal Packet Requirements

The appeal packet must include the following items:

1. This form completed and signed.
2. A signed statement indicating rationale for appeal. The statement should include the following:
 - a. An explanation of any extenuating circumstances that led to your financial aid suspension. Please be as specific as possible with dates, facts, etc and indicate how the unusual circumstances affected your academic performance. If you exceeded the 150% credit hour limit due to a change in majors, please explain when and why you decided to change majors.
 - b. In the same statement, explain how and why your situation is different now. Be as detailed as possible.
3. Provide documentation to support your claim of extenuating circumstances. Lack of documentation may lead to the denial of your appeal. Supporting documentation may include medical records, obituaries, birth records, police reports, legal records, military service, etc.
4. Set an appointment with the Academic Support Coordinator to complete an Academic Plan for Graduation form (attached).
5. Attach all required items to this form and submit to the Director of Student Finance by the date indicated on your financial aid suspension notification.

You will receive a response from the Appeals Committee within 10 business days of receiving your appeal packet.

I understand that my appeal will be reviewed based on the documentation I submit. I understand that lack of support may lead to the denial of my appeal. I understand that the any communication, including the decision on the appeal itself, will be emailed to the email address I provided on this form. I certify that all statements, documents, and information in this appeal are true and accurate.

Student Signature _____ Date _____

Graduate Student Academic Plan for Graduation for Financial Aid Satisfactory Academic Progress – Must be submitted with 150% credit hour appeals

To Be Completed by the Student (please print)

Name _____ Estimated Graduation Date _____ KC ID# _____

Please read and sign the following statement:

I understand this form is used only to appeal to continue receiving financial aid. I understand that I must comply with the graduation plan outlined below in order to maintain my eligibility for financial aid. I further understand that failure to successfully complete the courses outlined in the graduation plan will result in my becoming ineligible for additional financial aid in future semesters. If I am not meeting the minimum standard in more than one of the Satisfactory Academic Progress Policy requirements for graduate students, I will need to comply with multiple academic plans.

Student's Signature

Date

Fall Semester 20_____

Course Number	Hrs

Winter Semester 20_____

Course Number	Hrs

Summer Semester 20_____

Course Number	Hrs

Fall Semester 20_____

Course Number	Hrs

Winter Semester 20_____

Course Number	Hrs

Summer Semester 20_____

Course Number	Hrs

Fall Semester 20_____

Course Number	Hrs

Winter Semester 20_____

Course Number	Hrs

Summer Semester 20_____

Course Number	Hrs

Student Signature

Date

Academic Support Coordinator's Signature

Date