

**Financial Aid Satisfactory Academic Progress Appeal Form for Graduate Students with a Term Completion Rate Below 67%**

Kettering College, Student Finance Office, 3737 Southern Boulevard, Kettering, OH 45429  
(937) 395-6022, Fax (937) 395-8338

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.
  - 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 Director of Student Support and Disability Services to complete an academic plan 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 Kettering College Non-Academic 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 \_\_\_\_\_

## Financial Aid Satisfactory Academic Progress Plan for Term Completion Rate Below 67% for Graduate Students

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**To Be Completed by the Student (please print)**

Name \_\_\_\_\_ KC Student ID \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

*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 academic plan outlined below in order to maintain my eligibility for financial aid. I further understand that failure to meet the requirements will result in my becoming ineligible for additional financial aid in future semesters until such time as I meet the minimum standards of the Kettering College Satisfactory Academic Progress Policy. If I am not meeting the minimum standard in more than one of the Satisfactory Academic Progress Policy requirements, I will need to comply with multiple academic plans.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**To Be Completed by the Academic Support Coordinator**

Note: The Kettering College Satisfactory Academic Progress Policy for Graduate Financial Aid requires all students to maintain a minimum cumulative GPA of 3.0 and to successfully complete 67% of all credit hours attempted (grades of C+, C, C-, D+, D, D-, F, NG, WP, WF, I, and IP count as credit hours attempted but do not count as successfully completed credit hours). Additionally, students may attempt no more than 150% of the total credit hours required for the degree.

- After meeting with the student and reviewing his/her academic history, we have discussed steps to insure that his/her next semester will be successful. Some of the options suggested include adjustments to his/her course load (prior to the end of the 100% refund period) so that he/she can successfully complete the hours attempted, asking for some additional faculty assistance, tutoring services, etc.

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*I have advised the above-named student on options to assist in successful completion of his/her courses next semester. By following the advice, he/she should be able to achieve the minimum Satisfactory Academic Progress for Financial Aid standards during his/her next semester on campus.*

\_\_\_\_\_  
Director of Student Support and Disability Services

\_\_\_\_\_  
Date