Financial Aid Satisfactory Academic Progress Appeal Form GPA below 2.0

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, 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. | | | |
|--|------------------|--|--|
| certify that all statements, documents, and information in this appeal are tru | ue and accurate. | | |
| Student Signature | _ Date | | |

Financial Aid Satisfactory Academic Progress Plan for GPA Below 2.0

| To Be | e Completed by the Student (please print) | | |
|--|--|--|--|
| Name ₋ | <u> </u> | KC Student ID | |
| Email | [| Phone: | |
| I unde must of aid. I the for ade the Ke standa | e read and sign the following statement: erstand this form is used only to appeal to conting comply with the academic plan outlined below if further understand that failure to meet the require in the conting college Satisfactory Academic Progress and in more than one of the Satisfactory Academic ly with multiple academic plans. | n order to maintain my eligibility for financial airements will result in my becoming ineligible uch time as I meet the minimum standards of Policy. If I am not meeting the minimum | |
| Stude | ent's Signature | Date | |
| Note: studer credit but do | The Kettering College Satisfactory Academic Prents to maintain a minimum cumulative GPA of 2 thours attempted (grades of C-, D+, D, D-, F, NG, o not count as successfully completed credit house than 150% of the total credit hours required for After meeting with the student and reviewing determined that he/she will be able to achieve semester and be in compliance with the Satisfaid. | ogress Policy for Financial Aid requires all .0 and to successfully complete 67% of all W, I, and IP count as credit hours attempted .rs). Additionally, students may attempt no the degree. his/her academic transcript, it has been | |
| | C |)R | |
| | After meeting with the student and reviewing his/her academic transcript it has been determined that he/she will require more than one semester to achieve the minimum cumulative GPA requirement of 2.0 to be in compliance with the Satisfactory Academic Progress Policy for Financial Aid. | | |
| | dvised the above-named student and determined that he/she will b ncial Aid standards within the timeframe indicated. | e able to achieve the minimum Satisfactory Academic Progress | |
| Directo | or of Student Support and Disability Services Signature | Date | |