



OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
Satisfactory Academic Progress Appeal

Student Name _____

Student ID _____

I am appealing for my (check all that apply):

Federal financial aid

LCCC Scholarship

Unusual Enrollment History

You may appeal to have your federal financial aid or scholarship eligibility reinstated for any of the following reasons:

- Unusual mitigating circumstances (death, illness, birth, etc.)
- Reached the maximum time frame and/or are unable to complete the degree requirements within the maximum time frame. **Academic Plan signed by your Advisor is REQUIRED for this appeal reason.**

My next semester of attendance is expected to be: _____

The following documents **MUST** be submitted with this appeal:

1. A detailed letter from you describing the mitigating circumstances that you believe prevented you from meeting the requirements of satisfactory academic progress. The letter should also explain what has changed with regard to those circumstances that indicates that you will now be able to meet the requirements. For maximum time frame appeals, the letter should address the reasons related to having a high number of credit hours and/or why a change in program.
2. Documentation from outside sources supporting the circumstances you describe in your letter. Examples may include a doctor's bill, family death certificate or obituary, or other relevant third-party documentation of your appeal reason.
3. Students appealing an athletic or activity scholarship may also include a letter from their coach or sponsor.

This appeal form must be completed in full and all required documents must be received to review your appeal. You are responsible for the payment of ALL institutional costs (tuition, fees, books, residence hall, etc.) associated with your next semester of enrollment pending an appeal decision. You will be notified via your myLCCC email account as to the appeal decision. ***Please allow up to four weeks for review.***

If this appeal is approved, you may be required to sign an Academic Agreement.

Signature _____

Date _____