



Appeal Academic and/or Financial Aid Suspension

Last Name	First Name	Middle Initial	Student ID or Social Security Number
Street Address		City	State Zip Code
Phone Number	Email Address		Term and Year Requesting Reinstatement

~~~~~To appeal **Academic and / or Financial Aid Suspension** complete steps **1 - 3** below ~~~~~

1. Check type(s) of appeal:                      **AND**                      Check one:
 

|                                                           |                                                       |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Academic Suspension              | <input type="checkbox"/> This is my first suspension  |
| <input type="checkbox"/> Financial Aid Suspension         | <input type="checkbox"/> I have been suspended before |
| <input type="checkbox"/> Suspension from previous college |                                                       |
2. Attach **required** information: (**Important** - Appeals submitted without required attachments will not be reviewed).
  - ✓ Completed Academic Improvement Plan
  - ✓ Supporting documentation of extenuating circumstances
3. Submit completed appeal and attachments to the Counseling/Advising Office as soon as possible. (**Important** - Appeals submitted after the deadline will be denied.)

*If your appeal is approved, you will be notified **via email** to schedule an appointment to review the conditions of your appeal with a counselor or advisor. **Important** – Make sure the email you provide is up to date and that you check it regularly. You **must** attend your appointment prior to future registration/class attendance.*

~~~~~ To appeal **Maximum Time Frame** complete steps **1 - 3** below ~~~~~

1. State your degree/certificate objective at NHCC: _____
2. Attach typed statement describing the reasons (extenuating circumstances) for needing an extension of financial aid to complete your degree/certificate objective (example: pursuit of a second degree) AND attach supporting documentation.
3. Schedule an appointment with the Counseling/Advising Office for a review of your degree requirements:

Remaining credits to graduate: _____ Counseling/Advising signature: _____

By signing below I certify that I completed this appeal and that the information contained in this appeal is true to the best of my knowledge.

REQUIRED Student Signature: _____ **Date:** _____

~~~~~ **Appeal Decision and Conditions – Office Use Only** ~~~~~

First-Time Suspension     Multiple Suspension    GPA \_\_\_\_\_    Completion Rate \_\_\_\_\_%

**Appeal is approved for:**     **Academic Suspension**     **Financial Aid Suspension**     **Maximum Time-Frame**

Approval Conditions:

- ✓ You may register for \_\_\_\_\_ term and you may register for no more than \_\_\_\_\_ credits.
- ✓ You are required to earn at least a **2.5** term GPA and **100%** term completion rate.
- ✓ You are required to register for \_\_\_\_\_ course(s).
- ✓ You must bring completed Self-Evaluation Reports for each class to a mid-term advising appointment by \_\_\_\_\_.  
*(You will be unable to take advantage of early registration next term if you do not meet your mid-term advising date.)*
- ✓ You must attend/complete \_\_\_\_\_ GPS Lifeplan workshop(s) and / or projects.
- ✓ You are advised to repeat courses with a “D” or “F” grade to improve your GPA (note: – this *lowers* your completion rate).
- ✓ You must meet with \_\_\_\_\_ by \_\_\_\_\_ to review the terms of this appeal.
- ✓ Other \_\_\_\_\_

**Appeal is denied for:**     **Academic Suspension**     **Financial Aid Suspension**     **Maximum Time-Frame**

Denial Reason(s):

- |                                                                           |                                                                        |
|---------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Lack of extenuating circumstances.               | <input type="checkbox"/> Academic Improvement Plan incomplete/missing. |
| <input type="checkbox"/> Failure to follow conditions of previous appeal. | <input type="checkbox"/> Lack of documentation.                        |
| <input type="checkbox"/> Missed appeal deadline.                          | <input type="checkbox"/> Other:                                        |

**Note:** *If your Academic Suspension Appeal is approved, and your Financial Aid Suspension Appeal is denied, you are responsible for full payment of tuition and fees. If you choose not to attend NHCC, you are responsible for dropping/withdrawing from your classes.*

Counseling / Advising Initials / Date: \_\_\_\_\_ Financial Aid Initials / Date: \_\_\_\_\_