METROPOLITAN COMMUNITY COLLEGE (MCC)

Appealing Failure to Meet Financial Aid Satisfactory Academic Progress

Effective 2011-12

If you fail to meet MCC's Financial Aid Satisfactory Academic Progress (SAP) standard due to mitigating circumstances beyond your control, you may be granted a **one-time approved appeal** to your campus financial aid office. Appeals must be received before the close of business of the last day of the 100% refund period to be considered. Appeals received after that date will be considered for the next semester. You are responsible for payment (in full or by payment plan) of your tuition, fees and books until a decision has been made.

You may appeal your failure to meet any or all of the following SAP standards:

- Cumulative grade point average
- Percentage of credit hours successfully completed
- Completion of your Educational Plan within the maximum 150% timeframe
  (Note: You must meet with an academic advisor to prepare a list of specific courses still needed to complete your educational plan. If your appeal is granted, financial aid will only pay for these courses.)

Your appeal may include only mitigating circumstances experienced during the semester in which you failed to meet SAP.

Examples of mitigating circumstances that may be considered:

- **Personal illness or injury**  A doctor’s written statement or hospital records must be submitted with the appeal.
- **Serious illness or death of a grandparent, parent, spouse, sibling or child**  A death certificate/obituary notice or statement from a doctor must be submitted with the appeal.

Examples of appeal circumstances that may be denied or not considered:

- Poor choice of classes
- Employment obligations
- Financial difficulties
- Loss of transportation
- Personal or relationship problems
- Relocating
- Childcare difficulties
- Incarceration
Denied Appeals

If your appeal does not meet the criteria to be considered or is considered then denied, your financial aid eligibility remains terminated and you are responsible for the current semester charges. No further appeals will be considered.

Approved Appeals

If your appeal is approved, your educational plan will be reviewed to determine whether or not it is possible for you to meet SAP in one additional semester. One of the following determinations will be made.

1. **Financial Aid Termination**
   If it is determined that it is not possible for you to complete your educational plan within 150% of the time required, your financial aid eligibility will be terminated.

2. **Financial Aid Probation**
   If it is possible for you to meet SAP in one semester, you will be granted financial aid probation. If you meet SAP at the end of your probation semester, you will regain your eligibility. If you do not meet SAP at the end of the semester, your eligibility will be terminated and no further appeals will be considered.

3. **Academic Plan**
   If it is not possible for you to meet SAP in one semester, but possible to meet SAP within 150% of the time required to complete your educational plan, you must follow an individualized Academic Plan that specifies the progress you must make each semester until your program is completed.
   - As long as you are completing your Academic Plan each semester as specified, your financial aid eligibility will continue.
   - If you fail to complete your Academic Plan in any semester, your financial aid eligibility will be terminated.

Regaining Financial Aid Eligibility If Your Appeal Is Denied

If your appeal is denied, you will need to complete coursework at your own expense without financial aid until you once again meet the SAP standards. At that point, you may again apply for financial aid. To count towards the SAP standard, the courses you complete at your own expense must apply toward your educational plan or be required prerequisite or necessary developmental courses. Courses that do not meet these criteria will not be considered.
Metropolitan Community College

Appeal of Failure to Meet Financial Aid Satisfactory Academic Progress

(Please note: Incomplete or illegible appeals will not be considered.)

Semester of appeal (when you failed to meet academic progress):______________________________

Student Name: ___________________________________________ Student ID#: __________________

Current Address: __________________________________________

_____________________________________________________________________________________

Home Phone: _______________________________ Mobile Phone: ________________________________

Check the Satisfactory Academic Progress standard(s) you are appealing:

_____Cumulative Grade Point Average
_____Percentage of coursework successfully completed
_____Completion of Educational Plan within the maximum 150% timeframe

Please answer the following questions completely. Return this form and supportive documentation to your campus Financial Aid office.

In how many credit hours are you planning to enroll next semester? ___________________________

What is your academic program? ___________________________________________________________

What is your expected graduation date: ___________________________________________________

What circumstances led to your academic difficulties at MCC?

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What supportive documentation are you including with this appeal?

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Considering your challenging life circumstances, how do you plan to successfully complete your Educational Plan within the limits of financial aid eligibility?

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__________________________________________________________________________________________

Student Signature: __________________________________________________ Date: ____________________

DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY

□ Approved  □ Denied

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Authorized Signature: __________________________________________________ Date: _________________