

## **ACADEMIC APPEAL FORM**

### For Title IV Financial Aid Recipients

Our Records indicate that you are not meeting Satisfactory Academic Progress as required by the Department of Education. Please complete this form and return it with your supporting documentation for review. Supporting documentation is required to be included with this form. Please allow two weeks for review.

Please check the applicable reason below and attach a detailed explanation with supporting documents.

- I have experienced a significant medical illness, injury, or personal tragedy in my life that directly affected my ability to meet academic standards. Attach a detailed explanation of the situation, including the severity, length of time, and how the occurrence specifically affected your schoolwork. Include supporting documentation (i.e. doctor's statement, hospital bills, letter on letterhead from a counselor, minister, or police officer, etc.)
- There was a death of a close relative or friend and this directly affected my ability to meet academic standards. Attach a detailed explanation noting how the death specifically affected your schoolwork. Include the deceased person's name, their relationship to you, and the time frame or their passing. Include supporting documentation (i.e. obituary, funeral notices, etc.)
- A significant event or situation occurred, such as a change of major, change in work schedule, etc. Attach a detailed explanation noting the circumstances and how the occurrence affected your ability to meet academic standards.

All grades that affect your Grade Point Average (GPA) and satisfactory academic progress must be explained. Please be aware that completion of this form does not guarantee approval of your appeal or receipt of any financial aid benefits.

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_

SSN # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** If your appeal is based on a medical reason, you must provide current documentation from your physician that indicates you are able to return to your studies. Submit this completed form and supporting documentation to:

**Financial Aid Office  
Quincy College Suite 203  
1250 Hancock Street  
Quincy, MA 02169  
Attn: Associate Director**

**FOR OFFICE USE ONLY**

APPROVED

DENIED

PENDING APPROVAL

Signature of Associate Director: \_\_\_\_\_ Date: \_\_\_\_\_

