MIDDLESEX COMMUNITY COLLEGE
Financial Aid Services
100 Training Hill Road Middletown, CT 06457
Phone (860) 343-5741 Fax (860) 344-3014

SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST FORM

Name_____ Student ID_____

Address_____
No. Street City State Zip

Telephone_____MxCC E-Mail_____
(Notification of the committee's decision will be sent via e-mail)

Last semester attended_____ Semester requesting appeal_____

Use this form to appeal your suspension of student financial aid eligibility only if you have "just cause" for not being able to meet the minimum standards for satisfactory academic progress. Your appeal will be decided on the basis of written information and supporting documentation from an impartial third-party (not a family member, friend, roommate) submitted with this appeal. Examples of objective third-parties include: physician, counselor, lawyer, teacher, clergy, etc. An appeal must be based on extenuating circumstances that seriously affected your academic performance. Be as specific as possible. Examples of extenuating circumstances are injuries, serious illness, death of an immediate family member, and undue hardship as a result of a special circumstance.

Complete the back of this form to describe the extenuating and unusual circumstances beyond your control that contributed to your failing to meet the minimum standard(s) for satisfactory academic progress. *You must address all semesters in which you did not meet the academic progress requirements.* Examples of appeals that are given consideration for extenuating circumstances include:

- Documented extended illness or hospitalization of student.
- An accident that incapacitated the student for an extended period of time.
- Death or illness of an immediate family member resulting in greater family responsibilities assumed by the student.

CHECK LIST

_____ My signed statement is attached. _____ Documentation is attached

I certify that the information contained in this appeal is true and complete to the best of my knowledge. I certify that this request has been prepared by me.

_____ _____
Student's Signature Date

(OVER)

1) Fully describe the circumstance(s) that prevented you from making Satisfactory Academic Progress. Be as specific as possible.

2) Provide a detailed explanation of the resolution of the extenuating circumstances which will support your successful completion of the upcoming semester.

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Review Recommendation:

_____ Approved
_____ Denied
_____ Deferred _____

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Notes/Comments:

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Rev-12/2014