



2019 Summer Term Financial Aid Suspension Appeal

Financial Aid Office, 1637 Lawson Street, Durham NC 27703
Phone 919-536-7209, Fax 919-536-7260, financialaid@durhamtech.edu

All information must be completed in full.

Please indicate enrollment semester for which reinstatement is requested. Check only one semester.

Last Name _____ First name _____ Middle Initial _____

Student ID#: _____

Connect Mail Address: _____@connect.durhamtech.edu

Required: Basis for Appeal

Choose the **one** situation that best applies. Submit the documentation requested within the section along with this form.

1. Maximum Time Frame

Choose which one of the scenarios best applies. Submit the documentation requested.

(Last Semester before Graduation)

Attach a Degree Audit and sign up only for the courses listed on the degree audit. Please obtain from Student Information and Records. Attach a typed and detailed explanation as to why you have not completed a degree at Durham Tech prior to this term and what has now changed that will allow you to complete your degree.

(Degree earned from Durham Tech or Another School / Change of Program)

Attach a typed and detailed explanation of why you are pursuing another / a different degree and what has changed to allow you to complete this degree.

(Other)

Attach a typed and detailed explanation as to why you have not completed a degree at Durham Tech and what has changed that will now allow you to. **Supporting documentation of your statement is required and should be submitted.** Examples include death certificates of family members, doctor's notes, eviction notices, court documentation, etc.

2. GPA and/or Completion Rate

Attach a typed and detailed explanation (attach a typed document if needed) as to why you are below the GPA and or Completion Rate minimum for two consecutive semesters and what has now changed that will you to have better academic success. **Supporting documentation may be required and should be submitted.** Examples include death certificates of family members, doctor's notes, eviction notices, court documentation, etc.

Required: Plan of Study

Please list the courses in which you plan to enroll next semester to bring your academic progress to the satisfactory level and your expected graduation date. You **MUST** meet with your academic advisor to discuss these to ensure they are necessary for your program.

COURSE NAME	COURSE TITLE	HOURS OF COURSE
<i>EX: BUS 110</i>	<i>Intro. to Business</i>	<i>2</i>

Total number of credit hours: _____ **Expected Graduation Date:** _____

Academic Advisor Approval

I, _____ (*Academic advisor printed name*) met with this student and these courses are approved by me and are necessary with the student's plan of study.

Academic Advisor Signature: _____ Date: _____

Required: Terms and Conditions

I understand that if my appeal is approved, my aid will be reinstated for only one semester, after which my academic progress will be assessed again. I also understand that if I have not achieved satisfactory academic progress by that time, my aid will again be suspended and I may not be eligible for additional aid. I understand that any documentation submitted with this appeal will become a permanent part of my financial aid file at Durham Technical Community College. I understand that if a decision regarding my appeal cannot be made during registration for, or after the start of, the next semester, I must bear the expenses for any tuition and fees charged, as well as books and supplies purchased, prior to any reinstatement of my aid. I understand that after making these payments, I may not receive aid based on additional qualifications and the result of this appeal. I understand that I can expect a decision regarding my appeal within ten business days after submission of this form. I understand that providing any false or misleading information on this form will result in denial of my appeal. If the appeal has already been approved, the approval will be rescinded.

By signing below, I have read all terms and conditions and all information provided in this appeal is accurate to the best of my knowledge.

Student Signature (Do not type): _____ Date: _____

OFFICE USE ONLY

Approve Appeal/ Probation Approve Appeal/ Probation (Academic Plan) Deny Appeal/ Suspension

Financial Aid Staff Signature: _____ Date: _____