NEOSHO COUNTY COMMUNITY COLLEGE



Name:_

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_ NCCC ID#:_____

Financial.	Aid Denia	al Appeal	Form

	nore of these Satisfactory Academic Progress categories applies to you. Please refer to the letter you were
	etermine which apply to you.
	Low Grade Point Average-Your cumulative program grade point average is less than 2.0.
	Low Completion of Attempted Course Work- You have completed less than 67% of your attempted credit nours.
•]	Totally Unsuccessful in One Semester- All of your grades were unsuccessful for all classes in a single semester. Too Many Credit Hours for Associate Degree Objective- You have attempted more than 96 credit hours toward your certificate or associate degree program(s).
Appeal F	Requirements:
	Complete all sections of the appeal.
	Provide supporting documentation.
	Submit this form and supporting documentation to the financial aid office at your campus by mail, fax or email.
	o submit both this form AND supporting documentation will result in a denied appeal.
You can e	expect it to take 10-14 working days to review your appeal. Processing time may be longer during peak office periods.
- - - - - -	Mark all special circumstances you feel prevented you from making satisfactory academic progress. a. Personal problems (family issues, relationship issues) b. Serious injury requiring extended recovery time c. Death or serious illness of an immediate family member d. Significant trauma that impaired my emotional and/or physical health e. Juggling too much (work, school and family) f. Illness (recent or long-term) g. Academic major problems (change of major, etc.) h. Transfer or prior degree hours that do not apply to current major/degree i. Job related problems
	j. Other
y c p	Provide documentation of circumstances. You must provide at least one type of supporting documentation for your appeal. Choose the documentation you feel best fits your situation. Examples: death certificate, obituary, yourt documents, divorce decree, marriage license, bills, nursing acceptance letter, letters from involved third parties such as doctors, counselors, employers, instructors, academic advisors, etc.) List the documentation you are attaching to this form on the line below.

	circumstances (as mark ach term in which you had circumstances. (Attach a	d di	ifficulties; it may be h	elpful to reference	
situations that have been	ve changed your behavior truggled with low gpa or en problematic for you and strategies you will use	not id y	passing 67% of your our strategies for succ	classes, address pages. If you are app	articular courses or pealing for over 96
A. Degree/Certificate BeB. Projected GraduationC. List Remaining Couragraduation you may su	n Date: Semester:Fall	l _	_SpringSummer If necessary) NOTE: I	Year: 20	er remains before
Course	Credit Hours		Course	Juises.	Credit Hours
I understand that submission of correct.	f this appeal does not gua	ran	tee approval. The info	rmation I have pro	ovided is true and
Student's Signature				Date	