

# APPEAL FOR FINANCIAL AID REINSTATEMENT

NAME

STUDENT ICC ID NUMBER

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

In the space below, please explain why you believe your eligibility should not be discontinued. Provide details on why you were not able to obtain a certificate/degree/second certificate/second degree in the allotted time frame or maximum allowable hours OR explain the reason(s) why you were unable to achieve the minimum academic requirements. **If health reasons are given for lack of progress, you must submit a medical statement from your doctor giving the problem and date. This must be on office stationary and signed by the doctor.**

How many semesters and semester hours will it take to complete your current goal? (Include a course plan for completion). **If you have been terminated due to maximum hours you MUST submit a program plan signed by your advisor. Your appeal will not be reviewed until this program plan is received.**

If assistance is reinstated as a result of the appeal, please state what actions you will undertake to continue to meet our satisfactory academic progress requirements or to make progress towards our satisfactory academic progress standards as required by federal regulations.