



Financial Aid Dismissal Appeal

Southwestern Michigan College

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047

The Financial Aid Office at Southwestern Michigan College is required by Federal Regulations to monitor the academic progress of all financial aid recipients. According to Southwestern Michigan College's Satisfactory Academic Progress Policy you have lost or will lose your eligibility for future financial aid due to:

1. Failing to successfully complete a minimum of 75% of courses in consecutive semesters of enrollment, or failing to successfully maintain the required grade point average in consecutive semesters of enrollment, **and/or**
2. Attempting the maximum number of credit hours allowed (150% hours limit).

Please use this form to appeal this dismissal if you feel there were extenuating circumstances that caused the dismissal. Examples of extenuating circumstances would include serious medical problems, natural disasters, a death in the family, etc. Students are strongly encouraged to provide supporting documentation (medical reports, news articles, police or fire dept. reports, etc.) with their letter of explanation.

Appeals are reviewed by the Financial Aid Appeals Committee (consisting of the Vice President and Chief Financial Officer, the Registrar, and the Director of Financial Aid). Normally a decision is reached and students are mailed a letter informing them of the Committee's decision within two weeks. **ALL APPEAL DECISIONS ARE FINAL.**

SECTION A: Student Information

_____ N _____
Full Name* Student ID Number

*If you ever attended SMC under a different name, list that name here: _____

SECTION B: Type of Appeal (check one): _____ **150% Hours Limit (career)** _____ **Semester**

SECTION C: Student Explanation

Please attach a typed, signed letter that explains, in detail, the circumstances that caused your inability to maintain Satisfactory Academic Progress (SAP). If you have supporting documentation please include it with your appeal. An appeal that has been denied will not be re-evaluated solely because a student later submits supporting documentation, unless this information is specifically requested by the Appeals Committee.

SECTION D: SMC Reference (150% Hours Limit Appeals Only)

Please list a full time faculty member or academic advisor who can provide information to support your appeal. This person will be contacted before the Appeals Committee reviews your appeal.

_____ Department
Name

SECTION E: Student Signature

I certify that all of the information I have provided on this Appeal Form and all supporting documentation is true and accurate to the best of my knowledge. I have received a copy of SMC's SAP policy and understand it. I also understand that I will be contacted in writing once my appeal has been reviewed and that all decisions are final.

_____ Date
Student Signature

Return this form to the Financial Aid Office--do not complete any section on the back of this page.

To Be Completed By Student's Academic Advisor or a Full Time Faculty Member

(Information will be kept confidential by the Appeals Committee. Please forward to Kathy Peterson within 48 hours)

Were you aware of this student's problems/situation as it occurred? YES NO

Based on your interaction with the student, do you believe he/she
has a reasonable chance of successfully earning a degree/certificate? YES NO

Would you recommend that this appeal be approved? YES NO

Additional Comments:

Faculty/Advisor Signature

Date

Phone #

Registrar's Use Only (Please attach copy of grade transcript)

Date received _____ Curriculum/Degree _____

of credit hours attempted _____ # of credit hours earned _____

of credit hours needed to complete current degree _____

Registrar Signature _____ Date _____

Financial Aid/Appeals Committee Use Only

APPROVE DENY Signature _____ Date

APPROVE DENY Signature _____ Date

APPROVE DENY Signature _____ Date

COMMENTS
