



**Hinds Community College
Office of Financial Aid
Request to Appeal
Satisfactory Academic Progress Status**

Office Use Only:
Name: _____
ID: _____
Received by: _____ FAXXCAPP

In accordance with the HCC Satisfactory Academic Progress Policy, students may appeal an unsatisfactory financial aid status if extenuating circumstances (Please see examples of extenuating circumstances below.) occurred and affected the student's satisfactory progress. Students must provide all items shown in checklist below. **** Appeal form with all supporting documentation must be submitted together or the appeal will not be processed. ****

A. STUDENT INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	ID Number (REQUIRED)	Phone number

Program of Study: _____ Anticipated Date of Graduation: _____

B. DOCUMENTATION REQUIREMENTS

When submitting the completed Request to Appeal, students must also complete **all** of the items on this checklist:

- Attach a statement which explains what has changed in your circumstances that will allow you to succeed.
- Provide documentation of extenuating circumstances. (This situation was so difficult that it interrupted your life and prevented you from performing well in college.)
 - Extenuating Circumstances are not limited to, but could include:
 - Personal illness or illness/death of an immediate family member/legal guardian
 - Serious family emergency
 - Substance abuse/Legal problems/Incarceration
 - Abusive relationships/Domestic violence
 - Caregiver
 - Involuntary call to active military duty
 - Documentation is not limited to, but could include:
 - Letter from physician indicating dates of care/hospital records/rehabilitation records
 - Death certificate/obituary
 - Police/Prison records
 - Legal documents
- Complete research about the job opportunities related to this program of study.
- Meet with an academic or career/technical counselor and use the Student Planning tool on *My.Hinds* to develop a plan for completing this program of study.
- Enroll in classes, which are applicable to this program of study.

C. CERTIFICATION AND SIGNATURE - Please read and initial each of the following statements, then sign below.

- ___ **I grant the Office of Financial Aid permission to access my College records.**
- ___ I understand that submission of this form does not guarantee reinstatement of financial aid.
- ___ I understand that appeals submitted without supporting documents will be denied.
- ___ I understand that I must complete a FAFSA application for my appeal to be considered.
- ___ I understand that Satisfactory Academic Progress is calculated on cumulative college work. All attempted hours, earned hours, and grade point hours must be considered.
- ___ I understand that sitting out a semester or attending another school has no bearing on regaining financial aid eligibility.

Student Signature: _____ Date: _____

FOR OFFICE OF FINANCIAL AID USE ONLY:

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In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:
EEOC Compliance: Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindsc.edu.
Title IX: Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindsc.edu.