



Hinds Community College Office of Student Finance Request to Appeal SAP Status

Deadline: Your appeal and all required documents must be Received in Navigator no later than 30 days after notification OR two weeks before the start of the of the academic period in which you wish to use financial aid

To make a successful appeal you must:

- o Complete every section of this form
- o Explain the unusal and extenuating circumstances that caused you to have low grades or not attend classes or withdraw
- o Explain what has occurred or has taken place to now allow you to succeed
- o Provide documentation along with this appeal form to support your circumstances (such as: death certificates, letter from doctors with specific start dates and illnesses
- o Submit a Plan for Success to include but not limited to the courses still required to complete your program of study and the grades you plan to make in each course along with and study/mentor/tutor committments to achieve your educational goals

All documentation should be submitted through Navigator or emailed to finaid@hindsgcc.edu from your Hinds email address.

A. STUDENT INFORMATION

_____ Last Name	_____ First Name	_____ M.I.	_____ Phone Number	_____ ID Number (REQUIRED)
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B. CURRENT ACADEMIC INFORMATION

			Fall	Spring	Summer
_____ Program of Study	_____ Anticipated Date of Completion	_____ Semester and Year you wish to receive aid			

C. What happened to to cause you to fail to meet the standards described in Student Finance SAP Policy?

To submit additional information, you must use your Hindscc.edu email

D. What has changed to prevent the same occurrence in the future?

To submit additional information, you must use your Hindscc.edu email

Email: finaid@hindsgcc.edu - Contact us: 601-857-3223

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or both.

Request to Appeal Satisfactory Academic Progress Continued

E. Academic Plan: List the remaining courses to complete your program of study and the grade you expect to make in each course.

COURSE	GRADE	COURSE	GRADE

- ☐ I understand that withdrawing from any courses in the future could result in being in a Failed SAP status again.
- ☐ I understand that making less than a **B** grade in any course in the future could result in being in a Failed SAP status again.
- ☐ I understand that by completing this information I am agreeing to meet the standard i have set for myself.

F. Actions I plan to take to ensure I meet the standards listed above that I have set for myself

To submit additional information, you must use your Hindscs.edu email

- ☐ I understand that failure to make the grades listed in Section E as well as the failure to take the actions listed in Section F may result in a Failed SAP status again.

ADVICE for a SUCCESSFUL APPEAL

- **Federal law requires that the student demonstrate extenuating circumstances that have an effect upon the student's academic performance, were substantially beyond the student's control, and whose occurrence would not likely be repeated.** *Examples of extenuating circumstances include an illness of the student; serious injury of the student; death of a student's relative; or other unusual situations, which are explained fully and can be fully documented.*
- **You must explain your exceptional circumstances thoroughly, and attach supporting .** *Supporting documentation includes, but is not limited to, medical excuses, hospital statements, letters from counselors or healthcare givers, death certificates, etc.*
- **Financial aid appeals that do not include supporting documentation or appeals based on reasons other than those listed above may be denied without further consideration.**
- **Appeals must be submitted two weeks before the start of the semester you wish to use federal aid to be considered as part of your payment arrangements to avoid removal from your courses.**

D. CERTIFICATION AND SIGNATURE

I understand that submission of this Appeal does not guarantee approval. I further acknowledge that if my appeal is denied that I will be responsible for the semester balance remaining on my student account

By signing this worksheet, I certify that all the information reported is complete and correct and that I fully understand all statements above..

Student Signature:_____ Date:_____

Email: finaid@hindscs.edu - Contact us: 601-857-3223

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