

# Bunker Hill Community College Financial Aid SAP Appeal Form

|                        |                             |
|------------------------|-----------------------------|
| NAME _____             | DATE _____                  |
| Please print           |                             |
| ADDRESS _____          |                             |
| Street                 | City                        |
| State                  | Zip                         |
| SS# _____              | TEL# _____                  |
| Email _____            |                             |
| PROGRAM OF STUDY _____ | EXPECTED DATE OF GRAD _____ |

- Please complete this form and return it to the Financial Aid Office. All materials must be returned with 30 days for a timely review.
- Attach a detailed description of the reasons why you were unable to successfully complete the last semester attended. These circumstances must be extenuating (such as medical problems, recall to military duty or death of immediate family member or partner).
- You must provide a copy of your unofficial transcript as well as supporting documentation such as letter(s) from a third party or copies of hospital records.
- A note from your health care provider must accompany all medical excuses.
- You must also explain how your issues have been resolved and what steps you will take to avoid this issue in the future.
- If you were denied aid because of too many attempted credits (150% rule), you must attach a Degree Audit signed by your Advisor.
- Incomplete forms or forms without the appropriate documentation will not be accepted.
- Transcripts with IP grades can not be reviewed. You must complete any IP grades before submitting this appeal form.
- **Please sign and date this form.**
- You will be notified within two weeks in writing once your appeal is reviewed.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Check here if you would like a recalculation of your SAP due to completed coursework or grade change since the date of the original denial notification. Students who have successfully completed classes may request a recalculation if sufficient credits have been earned.

|   |                    |
|---|--------------------|
| <b>To Be Completed by Financial Aid Review Committee:</b> |                    |
| SAPC: _____   | APPEAL CODE: _____ |
| Anticipated Graduation Date (end date for appeal): _____  |                    |
| Comments: _____   |                    |
| _____   |                    |
| Reviewed by: _____  | Date: _____        |
| _____   | Date: _____        |
| _____   | Date: _____        |

