Serving Richmond and Scotland Counties

Financial Aid Office
1042 West Hamlet Avenue
Post Office Box 1189
Hamlet, NC 28345
Phone: (910) 410-1724
Email: financialaid@richmondcc.edu

2025-2026 SATISFACTORY ACADEMIC PROGRESS APPEAL

Student Name: _____ **Student ID:** _____

Telephone Number: _____ **Email Address:** _____

Please check the category that applies to you and follow the instructions for that category. For all categories, include an explanation of how the circumstances prevented you from maintaining Satisfactory Academic Progress, your educational goals, and what has changed to allow you to be successful now. If applicable, please address your Warning Semester as well as the most recent semester that lead to Financial Aid Suspension.

□ **1. Death in Immediate Family.** (This includes parent(s), spouse, siblings, or dependent children.)
Provide a copy of the death certificate, obituary, or funeral program

□ **2. Illness/Injury/Medical Condition.** (You, the student, your spouse, your dependent child, or your parent was injured or ill for an extended period.
Document(s) Needed: Statement or medical documentation from the physician indicating the nature of the illness.

□ **3. Other.** Appeals involving other ***unexpected circumstances beyond the control*** of the student will be considered. (Transportation and childcare issues do not count.)
Document(s) needed: Any documentation supporting the unexpected circumstances.
Your explanation in writing on a separate sheet of paper should address what has changed to allow you to be successful now.

- I understand appeals without documentation may be automatically denied.
- Include a statement regarding positive steps you have taken to ensure if similar circumstances happen in the future, how you will be able to maintain satisfactory academic progress. Include any documentation to support these steps (letter from counselor, physician's statement, etc.).
- I understand I will be notified via e-mail of the decision made on my appeal. Please see page 2 for more details regarding appeal decisions.

Certification Statement

I, the student, have completed the requested information to the best of my knowledge and know that the Financial Aid Office will use this information when evaluating my appeal request.

Student Signature _____ Date _____

Appeal Decisions

The Office of Financial Aid will review your appeal and notify you by email of its status. You may also check the status on your Self Service account. You will receive either our decision to grant your appeal, deny your appeal, or a request for additional documentation. If we grant your appeal, we will place you on financial aid probation for the next term of enrollment.

A decision to grant your appeal will include the following requirements:

1. Earn credit in all attempted classes that you are registered for. This means you cannot have any withdrawals (i.e. “W” or “WF”), incompletes, or “F” grades.
2. Achieve a semester GPA of at least 2.0.

Note: Your appeal may become invalid if the Financial Aid Office determines at any point that it is not mathematically possible for you to complete your program of study within the required time frame.

At the end of each semester, the Financial Aid Office will evaluate your completion of these conditions. Students who fail to meet the outline requirements will not qualify for future assistance.

Office Use Only

Total Attempted Hours: _____

Total Completed Hours: _____

Cumulative GPA: _____

Decision remarks:

_____

_____

_____

_____

_____ _____

Signature of FA Representative Date

EQUAL OPPORTUNITY INSTITUTION