South Plains College

1401 S. College Ave, Box B Levelland, TX. 79336

Financial Aid Appeal

Phone: 806.894.9611x3800
Fax: 806.894.8653
Email: finaid@southplainscollege.edu

SECTION A: STUDENT INFORMATION

Date: _____   Student ID Number: _____

Name: _____

(Please print)   Last   First   Middle

Email: _____   Phone: _____

Semester for which you are requesting the Financial Aid Appeal approval (circle one):

Fall   Spring   Summer   Year: _____

The deadline to turn in an appeal is 9 weeks after the first class day of the semester for which you are appealing.

Reason for Appeal: ☐ GPA   ☐ Pace   ☐ Maximum Timeframe   ☐ Change of Major

SECTION B: PERSONAL STATEMENT

Submit a typed statement that includes the following:

1. An explanation of the circumstances that have led to this suspension of financial aid. Please be as specific as possible, as you will **NOT** have an opportunity to meet with the Financial Aid Appeal Committee in person or by telephone. Provide any documentation you feel will support your statement.

2. Your academic goals and specific plans to achieve them.

3. If your appeal is for Maximum Timeframe, give the length of time for completion at South Plains College.

SECTION C: ACKNOWLEDGEMENT

Please initial next to each of the following items as indication that you understand them.

_____ I certify that all of the information in this Financial Aid Appeal is true and complete to the best of my knowledge.

_____ I understand that the decision of the Appeal Committee is final and not subject to further review.

_____ I understand that if my appeal is approved, I must successfully complete 100% of the college level courses in the semester for which I am appealing up until I complete my Academic Plan, as well as maintain a minimum GPA of 2.5 per term.

_____ If my appeal is approved, I must meet with an advisor from the **Advising Center** *within the first term for which my appeal is approved*, and complete an **Academic Plan** that determines how many semesters it will take to meet Satisfactory Academic Progress on my own OR the amount of time to complete the degree or certificate.

*** I Accept Responsibility for Checking the Status of My APPEAL DECISION on TEXAN CONNECT ***

_____   _____

Student Signature   Date