

BANNER ID#: _____

NAME: _____

SSN#: _____ - _____ - _____

SECTION I: To be completed by STUDENT FINANCIAL SERVICES.

G.P.A.<2.0

one of the other ACC colleges

Semester Appealing:

COMPLETION RATE<67%

Education Aide Exemption Only

__Fall __ Spring __Summer

PLEASE READ AND INITIAL THE FOLLOWING APPEAL APPROVAL CONDITIONS

____ COMPLETE and sign the Financial Aid Suspension Appeal Form.

____ REGISTER for classes on your degree plan that you can realistically complete.

____ DO NOT REGISTER for more than ten (10) credits hours.

____ REGISTER for **SDEV 0171**, a REQUIRED class for students appealing. If yes, semester _____

____ ALL required conditions will be VERIFIED at the end of each semester.

____ The Financial Aid Director will make the final determination of all appeals.

____ **YOU MUST BE PREPARED TO PAY YOUR OWN TUITION AND FEES PENDING A DECISION.**

____ CHECK THE RESULT OF YOUR FINANCIAL AID APPEAL: www.alamo.edu

▶ **ARE** you currently attending another college, university, proprietary or trade school, other than PAC?

No Yes, Fall'10: _____ Spring'11: _____ Summer'11: _____

▶ **LIST ALL PREVIOUS COLLEGES** attended before enrolling at PAC:

a) _____ Year: _____ Attempted Hours: _____

b) _____ Year: _____ Attempted Hours: _____

c) _____ Year: _____ Attempted Hours: _____

▶ **DEGREE PLAN** you are following? Associate Degree OR Transfer Degree/MAJOR: _____

▶ **HAVE** you appealed with Financial Aid **before**? No Yes, indicate the year: _____

▶ **PROVIDE** an explanation and attach documentation (if applicable) for not completing Academic Progress:

 FOR ADDITIONAL SPACE NEEDED – USE BACK OF PAGE 

▶ **STATE PLAN OF SUCCESS** to ensure that the “above reasons” will not continue to affect your Academic Progress:

 FOR ADDITIONAL SPACE NEEDED – USE BACK OF PAGE 

CERTIFICATION OF AGREEMENT:

I agree to complete a 2.0 GPA and 67% completion rate of all attempted credit hours. If I failed to complete academic progress, then I will no longer be eligible to receive future Financial Aid at PAC. I understand that if this appeal is denied, then I must be prepared to pay my own tuition and fees by “**REGISTRATION DUE DATE**”. I also understand that the Financial Aid Director will make the final determination of all appeals.

STUDENT'S SIGNATURE _____

_____/_____/_____
DATE

ALLOW 2 - 4 WEEKS FOR PROCESSING

