



2024-2025 Academic Year Financial Aid Suspension Appeal

GPA and/or Completion Rate

Financial Aid Office, 1637 Lawson Street, Durham NC 27703

Phone 919-536-7209, Fax 919-536-7260

sapappeal@durhamtech.edu

Incomplete forms will be denied. Complete all 4 steps in full.

Please indicate the enrollment term for which reinstatement is requested. Check only one term.

Fall 2024 (submit after 6/2/2024) **Spring 2025** (submit after 10/27/2024) **Summer 2025** (submit after 3/21/2025)

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

Student Email: _____ **@durhamtech.edu**

You are required to type a well-written explanation detailing the circumstances that caused your decline in your academic progression. Furthermore, you are required to include the resolution and/or support system you now have in place to support your continued success. Providing documentation supporting your circumstances and resolve will assist in obtaining a positive outcome for your appeal. Examples of this could be medical records, death certificates, legal documents, etc. Appeals submitted without documentation may be automatically denied.

1. Required - Choose the **one** applicable situation.

Completion Rate Suspension

Read and initial below.

_____ I understand that if I'm approved, I must complete 100% of my attempted credit hours and have a 2.0 GPA each term until I meet Satisfactory Academic Standards.

GPA Suspension

Read and initial below.

_____ I understand that if I'm approved, I must complete 75% of my attempted credit hours and have a 2.5 GPA each term until I meet Satisfactory Academic Standards.

Completion Rate and GPA Suspension

Read and initial below.

_____ I understand that if I'm approved, I must complete 100% of my attempted credit hours and a 2.5 GPA each term until I meet Satisfactory Academic Standards.

2. Required: Academic Advisor Session

You are required to meet with your assigned **Academic Advisor**. If you do not have one, you can meet with anyone in the Academic Advising Center.

For the Academic Advisor to complete:

I, _____ have met with the student and advised them on a successful academic path towards graduation. I have spoken with them about their GPA and or Completion Rate and recommended a course load that will help them obtain Satisfactory Academic Progress.

Academic Advisor Signature _____ Date _____

3. Required: Financial Aid Advisor Session

For the Financial Aid Advisor to complete:

You are required to meet with your assigned Financial Aid Advisor to discuss your appeal options and requirements.

I, _____ have met with the student and advised them on completing all registered courses. I have advised them that unsuccessful completion adversely affects their GPA, Completion Rate, and their financial aid eligibility.

Financial Aid Advisor Signature: _____ Date: _____

4. Required: Terms and Conditions

I understand that if my appeal is approved, my aid will be reinstated for only one term, after which my academic progress will be assessed again. I also understand that if I have not achieved satisfactory academic progress by that time or have not met all the terms of my appeal, my aid will again be suspended and I may not be eligible for additional aid. I understand that any documentation submitted with this appeal will become a permanent part of my financial aid file at Durham Technical Community College. I understand that if a decision regarding my appeal cannot be made during registration for, or after the start of, the next term, I must bear the expenses for any tuition and fees charged, as well as books and supplies purchased, before any reinstatement of my aid. I understand that after making these payments, I may not receive aid based on additional qualifications and the result of this appeal. I understand that I can expect a decision regarding my appeal within ten business days after the submission of this form. I understand that providing any false or misleading information on this form will result in the denial of my appeal. If the appeal has already been approved, the approval will be rescinded.

By signing below, I have read all terms and conditions and all information provided in this appeal is accurate to the best of my knowledge.

Student Signature: _____ **Date:** _____

This form requires a handwritten signature. Electronic signatures will not be accepted.

OFFICE USE ONLY

Financial Aid Assistant Director / Director Decision

Approve Appeal – Academic Plan Deny Appeal/ Suspension

Director / Assistant Director Signature: _____ Date: _____