



**2024-2025 Academic Year Financial Aid Suspension Appeal
Maximum Time Frame**

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

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

A. Transferred in a degree from another school or earned a degree at Durham Tech or you have more than half of the required hours to complete your degree in transfer credits.

Attach a typed and hand-signed detailed explanation as to why you are pursuing a new degree at Durham Tech and why you feel you will be academically successful.

Read and Initial below.

_____ I understand that if I'm approved, I must complete 75% of my attempted credit hours and have a 2.0 GPA each term. I also may not change my program of study before the completion of a degree at Durham Tech unless mandated by my academic advisor. I must complete my program in or before the term listed in section 2. If I fail to meet any of these standards, I understand I may not be eligible for any more Financial Aid.

B. Changed Programs at Durham Tech

Attach a typed and hand-signed detailed explanation as to why you have changed programs and why you think you will be academically successful moving forward.

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. I also may not change my program of study before the completion of a degree at Durham Tech unless mandated by my academic advisor. I must complete my program in or before the term listed in section 2. If I fail to meet any of these standards, I understand I may not be eligible for any more Financial Aid.

C. **Other or you have half or less than half of the required hours to complete your degree in transfer credits.**

Attach a typed and hand-signed detailed explanation as to why you have reached your maximum time frame and have not completed a degree. You must address why you have F grades, F2 grades, NS or W grades, or why you attempted a large number of remedial courses. You must also explain what has changed that will allow you to be successful. Documentation supporting your statement is strongly encouraged. Examples of this could be medical records, death certificates, legal documents, etc. Appeals submitted without documentation may be denied.

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. I also may not change my program of study before the completion of a degree at Durham Tech unless mandated by my academic advisor. I must complete my program in or before the term listed in section 2. If I fail to meet any of these standards, I understand I may not be eligible for any more Financial Aid.

2. Required: Academic Advisor Session and Academic Timeline Review

Initial next to **A or B**, whichever is true. Follow the instructions within that section. If this term is not your final term, you will choose A. If you are set to graduate this term, choose B.

A. ____ The term I am appealing for is **NOT** my last term at Durham Tech to complete my degree.

Required: Academic Advisor Session

Please meet with your assigned academic advisor. If you do not have one or yours is not available, you can meet with anyone in the Academic Advising Center.

B. ____ The term I am appealing for is my last term at Durham Tech and I will be graduating.

Academic Advisor Name _____ **Date** _____

The student referenced in this appeal is set to graduate at the end of _____ term.

Academic Advisor Signature: _____ **Date:** _____

Required: Graduation Degree Audit

Please submit a copy of your Degree Audit Letter showing your remaining course(s) needed for Graduation.

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

Director / Assistant Director Decision

Approve Appeal – Academic Plan Deny Appeal/ Suspension

Director / Assistant Director Signature: _____ Date: _____