

McLENNAN COMMUNITY COLLEGE

Student Appeal Data Form

Student Name _____ I. D. Number _____

Current degree/certificate at MCC (major) _____

Expected date of graduation from MCC (mo/yr) _____ Hours needed _____

For what semester are you requesting financial aid reinstatement? _____

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I have read the standards of Satisfactory Academic Progress and I understand that I am no longer eligible for financial aid because (please check all that apply):

- My MCC cumulative grade point average is less than 2.0.
- I did not complete 67% of my hours attempted.
- I have attempted more than 93 semester hours. (**Attach signed MCC degree plan**)
- I did not meet my previous appeal requirements.

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Please check the reason for the appeal and BRIEFLY state circumstances for not meeting the above satisfactory progress requirements. Please type or print legibly in black or blue ink. Illegible forms will not be processed. Attach additional sheets as necessary.

___ **Personal illness, injury or accident.**
Requires a doctor's written statement, hospital records, accident/police reports.

___ **Serious illness or death within immediate family.**
(grandparents, parents, spouse, siblings and children).
Requires a death certificate/obituary notice or statement from a doctor.

___ **Transportation problems.**
Requires a mechanics bill and verification that public transportation is not available.

___ **Divorce or separation.** Requires divorce/separation documents or letter from attorney.

___ **Last enrollment was at least 10 years ago.** Requires a copy of relevant transcripts.

___ **Administrative error.** Requires a letter of verification from source of error.

Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

DOCUMENTATION REGARDING ABOVE CIRCUMSTANCES IS REQUIRED FOR APPROVAL

Student Signature _____

Date _____