QUALIFYING CRITERIA

☐ I understand that the decision of the Appeal Committee to uphold or deny my Appeal is final, and that no explanation will be provided to me regarding the reason for the decision.

☐ I have a current year FAFSA on file with the college, and have provided all required Verification documents to the Financial Aid Office before, or at the time of, Appeal submission.

☐ I am providing required documentation that supports my claim from an official source (doctor's office, counselor, or other professional) and understand that letters from family or friends won't be considered. **I understand that if I submit my appeal without this required documentation, it will not be reviewed by the Appeal Committee (automatically denied).**

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL REQUEST

Student Information and Reason for Appeal

☐ My cumulative GPA is below 2.0

☐ My passing rate is below 50% (between 1-29 completed hours) or 67% (30 plus completed hours)

☐ I have exceeded 150% maximum timeframe

Primary Major:_____ Hours remaining: _____ Expected graduation date:_____

Name: _____ A-B Tech Student ID: _____

Phone Number: _____ Date of Birth: _____

Semester for appeal to be approved: ☐ fall ☐ spring ☐ summer

For <u>each semester you were not successful</u>, please explain why you were not able to meet the requirements of the SAP policy.

Which semester/year are you explaining? Semester_____ Year _____ Please describe the circumstance that was beyond your control:

_____

_____

_____

_____

Which semester/year are you explaining? Semester_____ Year _____ Please describe the circumstance that was beyond your control:

_____

_____

_____

_____

What steps have you taken to ensure future academic success at A-B Tech?

_____

_____

_____

_____

I have read the Financial Aid Satisfactory Academic Progress Appeal Request form. ***I understand that the Financial Aid Ad Hoc Appeals Committee WILL NOT review my appeal if this form is incomplete.*** *I attest that one of the Qualifying Criteria has or will be met. I understand that I will be notified of the decision through my A-B Tech email account.*

Signature_____ Date: _____

For Office Use Only:

Date Received: _____

Received By: _____

Committee Decision: Approved ___ Denied ___

Date of Decision: _____

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. Electronic submissions must include an official Financial Aid Cover Sheet. The Cover Sheet can be found at abtech.edu / Future Students / Financial Aid / Forms & Resources. Documents that are submitted electronically without the completed Cover Sheet will not be processed by the Financial Aid Office.
2. Type your answers into the fillable fields for clarity.
3. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
4. Save this document to your computer, or print it immediately, to prevent loss of the data you entered.
5. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
6. Adobe Reader must be used to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.