



FINANCIAL AID SUSPENSION APPEAL FORM

DIRECTIONS: Complete this appeal form, attach neutral third party documentation and return to the GRCC Financial Aid Office at least one week before the start date of the semester you are seeking financial aid. Appeals received after one week prior to the semester start date will not be considered until the following semester.

NAME: _____ STUDENT ID NUMBER #: _____

ADDRESS: _____ PHONE: _____

City State Zip APPEAL FOR FALL/WINTER/SUMMER ____ YEAR
(CIRCLE ONE)

Name of Neutral Third Party Relationship to Student

NEUTRAL THIRD PARTY DOCUMENTATION SUPPORTING THE REASONS STATED BELOW MUST BE ATTACHED OR THE APPEAL WILL BE RETURNED TO YOU! STATEMENTS FROM DOCTORS, COUNSELORS, EMPLOYERS (on company letterhead) ARE ACCEPTABLE. STATEMENTS FROM FAMILY MEMBERS OR FRIENDS ARE NOT CONSIDERED NEUTRAL AND WILL NOT BE ACCEPTED.

Please state the reasons why you did not make satisfactory academic progress: _____

Please discuss actions that you have taken or will be taking to make satisfactory progress in the future:

Student Signature Today's Date

FAO USE ONLY - DO NOT WRITE BELOW THIS LINE

Documentation attached? YES NO _____ Date Returned

Appeal Decision: _____ Approved _____ More Documentation Needed _____ Denied

COMMITTEE MEMBERS _____ DATE: _____