

**OKLAHOMA CITY COMMUNITY COLLEGE
FINANCIAL AID OFFICE
SATISFACTORY ACADEMIC PROGRESS
FEDERAL TITLE IV STUDENT FINANCIAL ASSISTANCE
SUSPENSION APPEAL, POLICY, PROCEDURES, AND REQUEST FORM FOR STUDENTS NOT
MAINTAINING COMPLETION RATE STANDARDS 34 CFR 668.16 ©, 668.32 (F), 668.34**

Student's Name _____

OCCC STUDENT ID# _____

Date _____

Mailing Address _____

E-mail Address _____

Day Phone _____ Evening Phone _____ Cell Phone _____

The following items explain the requirements that must be adhered to if the student is appealing financial aid suspension status:

1. Read the College's Satisfactory Academic Progress Policy, which was provided with your original award offer. After you have read the entire document, and you still feel you have a reason(s) to appeal your financial aid suspension, please continue.
2. Complete, in detail, the reverse side of this page, giving your extenuating reason(s) for appealing. Use a separate sheet of paper if necessary.
3. You must provide supporting documentation that will, without question, validate your reason(s) for not successfully meeting minimum financial aid academic progress standards.
4. Failure to adequately explain your reasons and failure to submit appropriate documentation will lead to a denial of your request.
5. This appeal form should be submitted within 30 days after you receive the suspension notification letter. Supporting documentation must be attached to this form.
6. Financial Aid Staff will make a decision based on the information submitted. Failure to submit this appeal form and /or failure to submit supporting documentation will result in denial of the appeal request. The decision of the Financial Aid Office is final and there will be no appeal of the decision.

FINANCIAL AID SUSPENSION APPEAL REQUEST

Dear Financial Aid Office:

I have been placed on Financial Aid Suspension for not maintaining financial aid satisfactory academic progress completion rate requirements.

I have an extenuating circumstance(s) that I will explain below and verify with additional documentation. I request that you review my status and notify me of your determination of my appeal.

Reason for request:

- _____ Death of a family member (attach a copy of the death certificate, obituary, or announcement).
- _____ Hospitalization or severe illness (attach medical documents which document you could not complete your enrollment or maintain a 66% completion rate.)
- _____ An incapacitating accident (attach police report and doctor's statement).
- _____ Other: _____ (attach documentation).

**** DOCUMENTATION MUST BE ATTACHED TO THIS REQUEST****

Explain the circumstance indicated above and how it prevented the successful completion of your course(s). Use additional pages if needed.

I understand that any false or misleading information could result in the loss of all financial assistance eligibility at Oklahoma City Community College and certify that all information provided in this appeal request, including supporting documentation, is true and correct.

Signature: _____ Date: _____

