



## Financial Aid Appeal Form

Last Name _____	First Name _____	M. _____	SSN _____
Mailing Address _____			
Email _____		Phone Number ( _____ ) _____	
Pursuing Degree Program _____			
Appealing Semester _____			

Your appeal will be evaluated based on the information you present to support your case. You must complete all the sections of this form. Remember to provide as much information as possible. Incomplete appeals will not be reviewed. **Students awaiting for an appeal decision should be fully prepared to assume responsibility for all tuition, fees and any other charges regardless of the final decision.** *Initials \_\_\_\_\_*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*On a separate sheet of paper please provide the following information:*

### Why are you appealing?

Below are common questions students need to answer to appeal for financial aid. Be very specific in your answers and add any documentation in support of your circumstances (i.e., medical, accidental, etc.).

- A. **Why did you not achieve required credits and/or grade point average (GPA) (i.e., why did you withdraw or not successfully pass the class(es))?** *Indicate what your plans are to prevent or correct the problem. Include a student educational plan.*
- B. **Why do you need to change your degree or certificate?** *Indicate how you will use your new degree or certificate to reach your educational/career goals. Include a student educational plan.*
- C. **Why do you need more time to complete your degree or certificate?** *Indicate how you will use this time to complete your degree or certificate. Include a student educational plan.*
- D. **Why do you need an additional degree or certificate?** *Indicate how you will use your new degree or certificate to reach your educational/career goals. Include a student educational plan.*



# North Idaho College

## Student Education Plan

Name: \_\_\_\_\_

1st Semester			
Course	CR	G	W
<i>Total</i>			

2nd Semester			
Course	CR	G	W
<i>Total</i>			

3rd Semester			
Course	CR	G	W
<i>Total</i>			

4th Semester			
Course	CR	G	W
<i>Total</i>			

*A signature from your advisor or counselor is required when submitting your request.*

**Advisor's/Counselor's Comments:**

\_\_\_\_\_  
*Advisor's/Counselor's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Signature*