



Financial Aid Loan Grade Point Average Appeal Form

Student Name:	Student I. D.#
Address:	
City, State, Zip	
Phone:	Date of Birth:
E-mail Address:	

Students' who have extenuating circumstances for their low grade point average may appeal the loan requirements by submitting this form. Appealable extenuating circumstances are serious in nature such as a severe injury, extended hospitalization, death of an immediate family member for whom the student is responsible, or a similar life crisis event that, through no fault of the student, prohibited the student from either attending and/or being successful in college. Examples of non-appealable circumstances include lack of knowledge of the loan requirements, the need for financial assistance, or circumstances that are life challenges or difficulties but do not rise to the level of a life crisis. No appeal will be accepted without supporting documentation. Aid will not be awarded retroactively for a prior term in which financial aid eligibility was suspended or during which satisfactory progress was not made. Submission of an appeal does not guarantee approval.

- Attach a **typed** statement that details the extenuating circumstance(s).
- Attach all necessary documents that support your appeal (e.g., medical records, copy of death certificate, statement from physician, etc.).
- Documentation will be retained for Financial Aid Office records, so please do not provide originals.
- The committee's decision will be communicated to you in writing at the address listed above. The committee's decision is final.
- Please refer to full Satisfactory Academic Progress Policy at <http://www.sscok.edu/FinAidOffice/finaid.html>

Loan Appeals: I fully understand that, should this appeal be granted, I will still need to meet the minimum of 2.0 G.P.A required in each class to pick up my loan funds.

By signing this document, I certify that everything I have stated is true. In addition, the documentation included is accurate to the best of my knowledge. Should the committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

Student's Signature

Date

Return to: Seminole State College, Attention Financial Aid Office, P.O. Box 351, Seminole, OK 74868

For Office Use Only:

Decision

Date