Chestnut Hill College

Financial Aid Academic Progress Appeal Form

A student who does not make satisfactory academic progress during a warning period may file a one-time appeal to the Financial Aid Academic Appeal Committee (FAAAC) if unusual circumstances prohibited successful completion of coursework. The appeal requires the following.

- Students must complete and submit this form to the Financial Aid Office.
- Students must attach a letter indicating the circumstances that inhibited successful completion of their coursework. If supporting documentation is available to substantiate those circumstances, a student should supply copies to the Financial Aid Office (including but not limited to: doctor’s statement, death certificate of loved one, divorce decree, or statement from a professional third party).
- In this appeal letter, a student is required to indicate specifically how they intend to improve their academic performance.
- As a federal requirement, a student must consult their academic advisor to establish their academic plan for future success. The academic advisor’s signature is required on this form. The FAAAC will determine if the appeal is granted or denied and notify the student within two weeks.

Please print:

Name:______________________________ SSN:______________________________
CHC ID#:______________________________ Phone:______________________________
Address: ____________________________________________________________________________
_________________________________________________________________________________

Please state the mitigating circumstances that inhibited you from making satisfactory academic progress. Specific details are to be included in your appeal letter.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Student Signature:______________________________ Date:______________________________

By signing, I acknowledge that I am required to adhere to my academic plan for future success and that failure to make satisfactory academic progress will result in the loss of future financial aid.
Federal regulations mandate that the Financial Aid Office annually monitor each student’s academic progress towards degree completion. The attached policy further explains the requirements which must be met by each student. Students who do not meet these standards are placed on academic warning and are given an opportunity to make satisfactory academic progress. If a student should fail to do so, they will be ineligible to receive future financial aid unless extenuating circumstances allow them to file an appeal with the Financial Aid Academic Appeal Committee (FAAAC).

The aforementioned student is appealing their financial aid suspension to the FAAAC. As a federal requirement, a student must consult their academic advisor to establish their academic plan for future success as part of their appeal. Please complete this required page and submit it to the Financial Aid Office.

**Step I:** Review with the student the reason for their unsatisfactory academic progress.

**Step II:** Do you anticipate that the student can attain the required GPA in one semester?

_________yes _______no  If no, please indicate by what semester the student could reasonably attain the required GPA: _________________________________

**Step III:** Is the student’s academic plan for this semester, in terms of credits and class difficulty, reasonable?

_________yes _______no

**Step IV:** Student’s degree program: ______________________________________________________

Expected graduation date: ______________________ # of credits needed to complete degree ______

Additional Comments: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Academic Advisor: ___________________________ Department: ___________________________

Signature: ___________________________ Date: ___________________________

*By signing, I acknowledge that the information provided above is true and accurate.*

Telephone #: ___________________________