

Snow College Student Financial Aid Appeal Form

You are applying to have aid returned for which semester?	Fall 20	Spring 20	Summer 20	
NAME:	AME: Student ID #			
ADDRESS:(Street Name and number/ P.O. Box)	PHONE:			
(City, State, Zip)	Email A	ddress:		
Reason for Appeal (Check all that apply) Did not meet required 2.0 cumulative GPA Did not pass the required cumulative credit hours 67% of attempted hours (Pace) Student has attempted over 150% of the certificate or degree program Documentation that MUST be included: *Statement by the student as to why you did not meet the SAP requirements. *Statement by the student giving a clear plan of how requirements will be met during the next semester should the appeal be approved. * Documentation to support the unusual circumstances as stated above. (Examples: Doctor letters, hospital bills, death certificates, obituaries, police reports, etc.)				
* Academic Plan if you are past the 150% requirements.				
(Reminder: The fact that this is your first year in college and I understand that in order to appeal I must meet the Satisfa semester. I also understand that my appeal will not be acc listed above: Student Signature:	actory Academic Pro epted by the comm	ogress standard nittee unless I ha	s by the end of the next	
	ce Use Only	_ Last Ap	ppeal Approved	
	nrolled		ppeal Approved	
Previous Appeals Last Semester E	nrolled			
Previous Appeals Last Semester E Degree or Certificate Program:	nrolled	AP more than or		
Previous Appeals Last Semester E Degree or Certificate Program: Current Cumulative Standing	nrolled Below SA Earned Hrs: ement why they did	AP more than or	ne Semester	