

Kilgore College Hazlewood Suspension Appeal Form

Student Name: _____

Date: _____

Street Address: _____

KC Student ID # _____

City/State/Zip _____

Contact Phone # _____

Kilgore College Email Address: _____

I hereby request that the Kilgore College Veteran Certifying Official review my suspension appeal based upon the following circumstances: (Check all that apply)

- Injury or illness of the student or an immediate family member.**
 - Please explain the situation in detail with specific dates with documentation such as medical documents. *(Required)*

- Death of an immediate family member.**
 - Please explain the deceased person's relationship to you and provide a death certificate or an obituary. *(Required)*

- Excessive Hours – Exceeding the 150% Timeframe regulation**
 - Attach a transcript for each college previously attended including Kilgore College *(Required)*
 - Kilgore College will review all hours attempted and/or completed.
 - Kilgore College will review all Cumulative G.P.A.'s from each college/university attended.
 - Kilgore College will review your degree audit for the program that you have declared as your major for timeframe to completion.

- Other extenuating circumstances**
 - Please explain the situation in detail and provide documentation. *(Required)*

You must submit the following with your appeal:

- Typed Personal Statement explaining why you feel an appeal is warranted and what steps you will take to achieve Satisfactory Academic Progress. *(Required)*
- Official signed Degree Audit from a Kilgore College Academic Counselor. *(Required)*
- Unofficial Kilgore College Transcript *(Required)*

All documentation provided must match the semester in which satisfactory academic progress was not met. Failure to submit any of the above required documentation will result in your appeal being denied. Submitting the documentation does not guarantee that your appeal will be granted. In the event the student is on suspension for the Hazelwood benefits and Financial Aid, Financial Aid will take priority in determining whether the appeal will be granted or denied.

My appeal is for the _____ Semester of _____. I understand that the decision of the Appeal Committee is final. I also understand that if I file a FAFSA, the Financial Aid Appeal will have priority over the Hazlewood Appeal. If an appeal is granted for the Hazlewood benefits and I later submit a FAFSA, I understand that the decision for the Hazlewood appeal may and can be reversed.

Signature

Date

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Financial Aid Office Use Only

_____ Suspension Appeal Form

_____ KC Transcript (unofficial)

_____ Letter of Explanation

_____ College Transcripts (Excessive Hrs.)

_____ Supporting Documentation

_____ Number of College Transcripts Submitted

_____ Official Degree Audit

Date Submitted: _____

How Submitted: In-Person --- Fax --- Mail

Received by: _____

Veteran Certifying Official/Financial Aid Retention Counselor Use Only

Notes:

Veteran Certifying Official: GRANTED

DENIED

FAFSA on File: _____

Date appeal granted: _____

Date reversed: _____

Reason for Reversal: _____

Financial Aid Retention Counselor: GRANTED

DENIED

Financial Aid Officer's Signature

Date