



SUSPENSION APPEAL APPLICATION

Student Name: _____

KC Student ID #: _____ Contact Phone #: _____

Kilgore College Email Address: _____

Term & Year Requesting Reinstatement of Aid:

☐ Fall

☐ Spring

☐ Summer

Year: _____

YOU MUST HAVE A PROCESSED FAFSA ON FILE FOR THE CORRECT AWARD YEAR BEFORE YOUR SUSPENSION APPEAL IS REVIEWED

WHY I AM APPEALING THE LOSS OF MY FINANCIAL AID (Select one option below)

Provide appropriate documentation listed on the right-hand side. Documentation provided must prove the mitigating circumstances occurred during your Warning and/or Suspension term(s) and must indicate how these circumstances affected you during the term(s).

Valid Mitigating Circumstance per Federal Guidelines	Examples of Acceptable 3 rd -Party Documentation
<input type="checkbox"/> Death of an immediate family member	Copy of official death certificate or obituary with proof of student's relationship to deceased and how student was affected during the appropriate term(s) (EX: student provided care until death, etc.)
<input type="checkbox"/> Severe personal or family injury, illness or hospitalization	Medical documents, statements from physician, accident report, or police report proving injury, illness, hospitalization during appropriate term(s)
<input type="checkbox"/> Divorce or separation	Legal documents along with statements from professionals involved during the appropriate term(s). (EX: letter from counselor detailing counseling sessions during this time, police reports of abusive behavior, student had to move or became homeless) <i>This cannot be just because you separated or divorced – there must be unusual circumstances involved.</i>
<input type="checkbox"/> Time Management Difficulties	Letter from Employer and/or pay stubs. Documentation illustrating a change in work load during the term (EX:: when student enrolled they were working 30 hours per week, schedule changed and they began working 50 hours).
<input type="checkbox"/> Excessive Hours (more than 150% of degree plan attempted) Current Degree: _____	Copy of Degree Audit signed by Advisor/Counselor with # of hours remaining on your degree plan
<input type="checkbox"/> Excessive Hours – had previous appeal, graduated, and seeking enrollment in a new/specialty program New Degree: _____ Graduation Date (previous degree): _____	Copy of Degree Audit signed by Advisor/Counselor with # of hours remaining on your new degree plan

All documentation provided must match the semester(s) in which satisfactory academic progress was not met.

You must submit all of the following in addition to the Suspension Appeal Form and the appropriate documentation:

Typed and Hand Signed Personal Statement explaining the mitigating circumstance(s)

Proof of Completion of Financial Aid Suspension Appeal Session at <https://kilgore.get-counseling.com/>

- Register for account; complete session called "The Key Components to the Satisfactory Academic Progress (SAP) Financial Aid Appeal Process"

Unofficial Kilgore College Transcript (available from your AccessKC account)

Please complete reverse side.



SUSPENSION APPEAL APPLICATION

I certify that I have read all the information and understand the following:

- The **final decision** of the appeal will be determined by the Financial Aid Suspension Appeal Committee.
- The submission of an appeal **does not guarantee** the reinstatement of financial aid.
- Incomplete application and/or information will result in denial of my appeal.
- I must have a current, processed FAFSA for the correct award year before my appeal packet will be accepted. If I am selected for verification, I must provide all required documents to complete verification prior to consideration by appeal committee.
- I understand that if approved I will be required to sign a Suspension Appeal Contract which may include special requirements in relation to appeal approval. **A contract is required before aid will be awarded.**
- **I realize that my financial aid will be suspended again at the end of the probation term in which I enroll and for which I receive an appeal if I do not meet the terms of the appeal contract and do not meet minimum SAP requirements. I will be ineligible for future appeals if I fail to meet the terms of a suspension appeal contract.**

I certify that the information provided is true and correct. I agree, if requested, to provide additional documentation to support the information submitted with this request.

Student Signature

Date

Financial Aid Office Use Only

_____ Suspension Appeal Form

_____ KC Transcript (unofficial)

_____ Letter of Explanation

_____ Supporting Documentation

_____ Valid FAFSA in PowerFAIDS

_____ Official Degree Audit (If Needed)

Date Submitted: _____

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

Attempted Hours: _____

Earned Hours: _____

Pace Rate: _____

Financial Aid GPA: _____

Has this student had a previous appeal? _____ YES _____ NO

If so, for what term(s)? _____

Was the previous appeal successful? _____ YES _____ NO

Did the student graduate on appeal? _____ YES _____ NO

Students who did not successfully complete the terms of a previous appeal contract are not eligible for any further appeals.

Received by: _____ DATE: _____