Please complete reverse side.

**SUSPENSION APPEAL APPLICATION**

**Student Name:**

**KC Student ID #:** ____________________________

**Contact Phone #:** ____________________________

**Kilgore College Email Address:** ____________________________

**Term & Year Requesting Reinstatement of Aid:**

- -

- -

- -

**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).

<table>
<thead>
<tr>
<th>Valid Mitigating Circumstance per Federal Guidelines</th>
<th>Examples of Acceptable 3rd-Party Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of an immediate family member</td>
<td>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.)</td>
</tr>
<tr>
<td>Severe personal or family injury, illness or hospitalization</td>
<td>Medical documents, statements from physician, accident report, or police report proving injury, illness, hospitalization during appropriate term(s)</td>
</tr>
<tr>
<td>Divorce or separation</td>
<td>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) This cannot be just because you separated or divorced – there must be unusual circumstances involved.</td>
</tr>
<tr>
<td>Time Management Difficulties</td>
<td>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).</td>
</tr>
<tr>
<td>Excessive Hours (more than 150% of degree plan attempted)</td>
<td>Copy of Degree Audit signed by Advisor/Counselor with # of hours remaining on your degree plan</td>
</tr>
<tr>
<td>New Degree: ____________________________</td>
<td>Copy of Degree Audit signed by Advisor/Counselor with # of hours remaining on your new degree plan</td>
</tr>
</tbody>
</table>

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)
- Unofficial Kilgore College Transcript (available from your AccessKC account)
- Proof of Completion of Financial Aid SAP Orientation in AccessKC (70% or higher required)
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

_____ Financial Aid SAP Orientation Completed

_____ Supporting Documentation

_____ Valid FAFSA in PowerFAIDS

_____ Official Degree Audit (If Needed)

_____ Enrolled for Term requesting Appeal

Date Submitted: ________________

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

Attempted Hours: ______________________

Earned Hours: ________________________

Pace Rate: _____________________________

Financial Aid GPA: ____________________

Pell LEU Used: _________________________

Loan Amount Used: ____________________

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: ____________________

Submit this document in-person, by email to finaid@kilgore.edu, by fax to 903-988-7528 or by mail to KC Financial Aid, 1100 Broadway, Kilgore, TX 75662.