TITLE IV SATISFACTORY ACADEMIC PROGRESS APPEAL

STEPS TO FILE A TITLE IV APPEAL

1. Complete Sections 1-3 of this appeal and collect appropriate supporting documentation.
2. Meet with an Academic Advisor in the Academic Advisement and Transfer Center (S-108) to complete the Financial Aid Academic Plan in Section 4. Sign the Student Certification and have the Advisor sign the Academic Advisor Certification at the bottom of page 2.
3. Meet with a Student Life Counselor in the Counseling and Advisement Center (S-343) for assistance in completing Sections 5-6. The Student Life Counselor will add any additional comments and sign the bottom of page 3. Your appeal cannot be accepted without a Student Life Counselor’s signature.
4. Submit your appeal and all the supporting documents to the Registrar’s Office (S-315). Make sure the Registrar’s representative gives you a copy of your Financial Aid Academic Plan.
5. Your appeal will be reviewed by the Committee on Academic Standing, which will render a decision and send you a notification. Please note that submission of this appeal form does not guarantee approval.
6. If your appeal is approved, you will be on financial aid probation for the semester(s) covered by the appeal and can receive federal student aid, subject to your meeting the terms and conditions of your financial aid academic plan. If your appeal is denied, you are not eligible for federal student aid and will need to use alternative financial resources to pay for your education.

DEADLINE

Your appeal must be received by the date of the semester for which you are requesting assistance [September 15th for the Fall semester and February 15th for the Spring semester]. Aid cannot be reinstated retroactively for a prior term.

SECTION 1: STUDENT INFORMATION

Print Name: ____________________________________________ CUNYfirst ID#: _________________________________
Last                                                                  First
Street Address: ____________________________________________________ City: __________________ State: ________ Zip: ___________
E-mail Address: __________________________________________________  Telephone Number: ____________________

SECTION 2: REASON FOR FINANCIAL AID SUSPENSION

Please check all that apply:

☐ I have not met the college’s minimum retention standard based on my cumulative GPA and have been placed on academic probation or special probation.
☐ I have exceeded the maximum credit hour limit (that is, I have attempted more than 150% of the credits normally required for my degree).
☐ My cumulative rate of completion is below the required pace of progression standard.

SECTION 3: EXTENUATING CIRCUMSTANCES

Indicate the reason(s) that have caused your academic progress to be unsatisfactory and attach relevant supporting documentation, such as physician’s statements, hospitalization/treatment records, accident reports, death certificates, obituary notices, etc.

☐ Personal illness or injury     ☐ Changing work conditions beyond your control
☐ Death or illness of immediate family member ☐ Change of curriculum
☐ Personal crisis or undue hardship ☐ Traumatic event or natural disaster
☐ Other (please explain)
SECTION 4: FINANCIAL AID ACADEMIC PLAN

Meet with an Academic Advisor and develop a reasonable and attainable financial aid academic plan outlining the courses you need to complete your program of study and a time-frame for completion. The plan should cover the terms in which you intend to enroll within the current academic year. The emphasis should be on those courses you need to complete your program of study and further your academic objectives. It is not necessary that you complete your program within the current academic year as long as substantive progress toward program completion is achieved.

Degree/Major: _______________________ Current Cum. GPA: _________ Expected Graduation Date: _____________

Academic Plan Summer Session(s): _______________

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Academic Plan Fall Semester: _____________

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Academic Plan Winter/Spring Semester: _____________

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Advisor Comments: ________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Student Certification

I agree to abide by the terms and conditions of this financial aid academic plan as set forth by my Academic Advisor. I understand that my progress will be monitored each semester and that failure to comply with these conditions will result in the immediate suspension of my financial aid awards for the term(s) covered by this appeal.

____________________________________________ _______________________________
Student’s Signature Date

Academic Advisor Certification

I approve this financial aid academic plan, which, if followed, will assist the student in reaching program completion or an academic standing acceptable for BMCC’s graduation requirements.

__________________________________ ________________________________ _________________________
Academic Advisor’s Signature Print Name Date
SECTION 5: STUDENT’S PERSONAL STATEMENT

Explain in detail how the factors or circumstances you checked in Section 3 affected your academic performance or contributed to your withdrawing from or not completing your classes. Make sure to address each semester that you did not meet minimum standards. [Attach additional sheets, if needed.]

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

SECTION 6: STEPS FOR FUTURE ACADEMIC SUCCESS

Explain the changes you have made in your personal situation to ensure future academic success. Outline the specific steps you have taken to overcome any obstacles you previously faced that kept you from attaining your academic objectives. Attach evidence from individuals aware of your circumstances, if applicable (e.g., your employer, physician, psychologist, social worker, tutor, academic advisor, counselor, etc.)

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STUDENT LIFE COUNSELOR’S REMARKS

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Student Life Counselor’s Signature ____________________________

Print Name ____________________________

Date ____________________________
Committee On Academic Standing Decision

Approval of this appeal will restore the student’s eligibility for receipt of federal financial assistance for one probationary semester. Continued eligibility for the remaining term(s) of the academic year will depend on the student successfully meeting the conditions of his or her financial aid academic plan. The student’s progress will be monitored after the first term covered in this appeal to ensure all probationary conditions have been and continue to be met.

Appeal Approved ☐  Appeal Denied ☐

Comments: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Committee Chairperson’s Signature ________________________________
Print Name ______________________ Date __________

Academic Plan Compliance Review
[to be completed after student completes the 1st probationary semester]

☐ Yes, this student is successfully meeting the conditions of the financial aid academic plan.
☐ No, this student is not successfully meeting the conditions of the financial aid academic plan.

If no, please explain: ______________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Reviewer’s Signature ________________________________
Print Name ______________________ Date __________

The results of the initial appeal and the subsequent compliance review(s) must be reported to the Office of Financial Aid so that students whose appeals have been approved and who are successfully meeting the conditions of their academic plan may continue to receive assistance.

Students who are found not to be in compliance with their academic plan after the initial probationary semester will be placed once again on financial aid suspension. These students may submit a new appeal form with an updated academic plan after semester grades are posted. This new appeal would have to be resubmitted to and approved by the Committee on Academic Standing in order for aid eligibility for the subsequent semester(s) to be restored.