Federal Financial Aid Suspension Appeal
Summer 2015

Deadline: May 18, 2015

Name: ___________________________________ UCA ID: ________________________________

Email address: ___________________________________ Contact Number: ______________________

1. What type of degree or certificate are you working towards?

___ 1st Undergraduate  ___ 2nd Undergraduate  ___ Teaching Certificate  ___ 1st Graduate Degree  ___ 2nd Graduate Degree

2. Check the category(ies) that best describes the mitigating circumstance(s) that impacted your ability to perform, attend class or otherwise inhibited your academic performance.

- Employment
- Medical Issue
- Family Responsibility
- Financial Responsibility
- Legal Matter
- Marital Issue
- Death of a family member
- Death of a close personal friend
- Natural Disaster

(✓) Mitigating Circumstance

3. Next Steps

☐ Provide a brief typed statement that describes the mitigating circumstance and how it affected your ability to succeed, what has changed and your plan to successfully complete requirements in the future.

☐ Attach secondary documentation of the issue(s) checked in item #2 above.

☐ Attach a copy of the signed and completed Academic Plan document

4. If this appeal is denied by the Office of Student Financial Aid, do you request to have your appeal automatically forwarded to the Financial Aid Appeal Committee?  ☐ Yes  ☐ No

Signature of Student: ___________________________________ Date: ____________

Office of Student Financial Aid
Harrin Hall Suite 2001 201 Donaghey Avenue l Conway, AR 72035
501-450-3140 l FAX 501-450-5159 l finaid@uca.edu l uca.edu/financial aid
Financial Aid Committee Appeals:

If your appeal is denied by the UCA Office of Student Financial Aid, you may request that your appeal be submitted to the Student Financial Aid Appeal Committee which is composed of faculty, staff and students outside of the UCA Student Financial Aid Office.

Documentation for an Appeal:

Examples of secondary documentation for mitigating circumstances include but are not limited to the following:

- **Employment issues**
  - Letter from employer, copies of time sheets that correspond with the time of enrollment, copies of paystubs, etc.

- **Medical Health issues**
  - Copies of prescriptions, doctor bills or statements from a medical professional, etc.

- **Financial/Family Responsibilities**
  - Documentation that supports the issue whether it was financial, child care, transportation, etc.

- **Legal matters**
  - Letter from a lawyer, court documents, bail documents, police reports, etc.

- **Marital separation/divorce**
  - Copy of divorce decree or separation agreement, statement from an attorney, counselor, minister, etc.

- **Death of a close family member or friend**
  - Obituary, copy of death certificate, newspaper notice, etc.

- **Natural Disaster**
  - Insurance documents, police report, or other documentation that confirms the natural disaster and the affect upon the student/family, etc.
Satisfactory Academic Progress (SAP)
Academic Plan for Continuing Federal Financial Aid Eligibility

Term: __________ 20____

Student Name_________________________________________ Student ID: B0__________

The next step in the appeal process requires that you develop an academic plan that will:

• allow you to come into compliance with the standard SAP Policy by the end of your next term of enrollment or □ will allow you to progress toward your degree in a timely manner by the alternative plan outlined below.

SAP Policy Summary:  http://uca.edu/financialaid/files/2013/02/Satisfactory-Academic-Progress-Policy-1314_1REVISED.pdf

• minimum 2.0 cumulative grade point average (GPA) for undergraduates or 3.0 cumulative GPA for graduate students
• minimum 67% cumulative completion rate
• Program completion within 150% of published program length

Initial Academic Plan (Suggested by student) for term indicated above (please complete all three boxes).

<table>
<thead>
<tr>
<th>Term GPA Requirement (Qualitative Measure)</th>
<th>Completion Percentage (Pace)</th>
<th>I expect to graduate no later than</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will earn a _______ term gpa.</td>
<td>I will successfully complete ____ credit hours this term.</td>
<td>_______ 20 _____</td>
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Final Academic Plan (Agreed upon with advisor) for term indicated above (please complete all three boxes).

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****** Do not drop any courses before speaking with your financial aid counselor******

The Office of Student Financial Aid will review your academic records at the end of the term indicated. If you do not meet the terms of your academic plan, you are not eligible to receive federal financial aid or appeal again until you have either:

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1. Re-established SAP by meeting minimum pace and qualitative requirements at the next evaluation point as long as the student is under the maximum time frame allowed (150% of program length) OR

2. If an Undergraduate, successfully completed a minimum of six (6) credit hours at UCA with a 2.0 or better gpa in all courses for that term. If a Graduate student, successfully completed a minimum of five (5) credit hours at UCA with a 3.0 or better gpa in all courses for that term.

This means that although a minimum of halftime enrollment is required, you must complete all courses that you attempt for that term with a 2.0 or better for undergraduate and a 3.0 or better for graduate students.

**To successfully complete courses attempted, you can't withdraw from or fail the course. Courses with a W, WP, WF, X, I, NC or F will be considered unsuccessful.**

Signature of Student: ____________________________ Date: _______

Signature of Academic Advisor: ____________________________ Date: _______

Signature of Financial Aid Office: ____________________________ Date: _______

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<th>Follow UP:</th>
<th>Outcome:</th>
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<td>☐ Student returned to office to drop ____ credit hours.</td>
<td>☐ Student will lose federal aid eligibility  ☐ Student will not lose federal aid eligibility</td>
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| ☐ Student returned to office to withdraw from the semester | Counselor Signature: _______________  Student Signature: _______________ Date: _______

Update RHACOMM

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- Student **will lose** federal aid eligibility
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Counselor Signature: ______________________ Student Signature: ____________________________ Date: _______

Update RHACOMM

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Update RHACOMM