Student ID #: _____ Social Security #: ____ – ____ – ____

2009-2010 **Financial Aid Appeal**

SEMINOLE STATE COLLEGE
OF FLORIDA

A Diverse Learning Community | An Equal Access/Equal Opportunity College

Name: _____

Address: _____ Home Telephone: _____

_____ Program of Study: _____

Carefully read all instructions. Appeals must demonstrate unusual/special circumstances and must be accompanied by supporting documentation. Incomplete appeals will be returned to the student unprocessed, causing a further delay in the review of the appeal.

I. Academic Standing

All students must complete these items.

Seminole State Grade Point Average: _____ Anticipated Graduation Date: _____

Total Credit Hours Attempted: _____ Total Credit Hours Completed: _____

II. Appeal Statement

All students must complete this section. Students must include a statement of appeal and an explanation of unusual circumstances to justify a continuance on financial aid. Attach a separate sheet if necessary.

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FOR OFFICE USE ONLY

Term: _____ Appeal FFEL Max _____ allowed Counselor's Initials: _____

Approved Conditional Pending Chair Initials: _____

Automatic Denied Probation Date: _____