INSTRUCTIONS: Complete steps 1-4 below, and submit this completed form with all supporting documentation to the Office of Financial Aid and Scholarships. Read each step carefully. Incomplete appeals, including those submitted without completing steps 1-4 or without supporting documentation, will be denied.

STEP 1: EXTENUATING CIRCUMSTANCES: Select the category that best describes the extenuating circumstance(s) that prevented you from maintaining Financial Aid Standards of Progress. (Check all that apply.)

☐ Illness of self (supported by medical documentation)
☐ Death in Immediate Family: parent, spouse or child (supported by official death certificate or notice and proof of relationship)
☐ Call to active military duty (supported by copy of military orders)
☐ Other (Please specify in 10 words or less) _________________________________________________________________________________

STEP 2: APPEAL STATEMENT: Explain in detail the extenuating circumstances that you selected in step 1. Attach additional pages if needed:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

STEP 3: ACADEMIC PLAN: You must attach a Degree Audit from the Seminole State Advising and Educational Planning Office. Explain in detail your future academic plan necessary to meet Standards of Progress, and to be successful in the completion of your current degree or certification. Attach additional documentation if necessary.
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

STEP 4: CERTIFICATION: I certify all the above information submitted is accurate. I further understand that incomplete appeals, including those with missing or insufficient documentation, will be denied. I fully understand that approved appeals will have conditions established in the approval of the appeal, and that those conditions must be met to be considered for future aid.

Student Signature: ____________________________________________ Date: ____________________

Seminole State GPA: College Credit: _______ Vocational: _______ Last Date Attended: _____/_____/______ Previous Appeals: _______
Total Hours attempted: College Credit: _______ Vocational: _______ Total Hours Completed: College Credit: _______ Vocational: _______

Approval Conditions: A1 A2 A3 A4 A5 thru _____________ FA Initial: _______ Date: _____/_____/______
Denial Reasons: D1 D2 D3 D4 D5 Other: ________________ FA Initial: _______ Date: _____/_____/______

Comments: __________________________________________________________________________________________________________________________

Off. Financial Aid: Approved: _______ Denied: _______ Chair Initials: _______ Date: _____/_____/______

Office of Financial Aid and Scholarships, 100 Weldon Blvd, Sanford, Florida 32773 407.708.2045 | Fax: 407.708.2323