

Bunker Hill Community College Financial Aid SAP Appeal Form

NAME _____	DATE _____
Please print	
ADDRESS _____	
Street	City State Zip
SS# _____	TEL# _____ Email _____
PROGRAM OF STUDY _____	EXPECTED DATE OF GRAD _____

- Please **complete** this form and return it to the Financial Aid Office. All materials must be submitted by August 24, 2007 for the fall semester and January 15, 2008 for the spring semester.
- Attach a detailed description of the reasons why you were unable to successfully complete the courses you attempted. These circumstances must be extenuating (such as medical problems, recall to military duty or death of immediate family member or partner).
- You must provide a copy of your unofficial transcript as well as supporting documentation such as letter(s) from a third party or copies of hospital records. You can access your unofficial transcript through your WebAdvisor account.
- A note from your health care provider must accompany all medical excuses.
- You must also explain how your issues have been resolved and what steps you will take to avoid this issue in the future.
- If you were denied aid because of too many attempted credits (150% rule), you must list your graduation date above and attach a Degree Audit. You can access your Degree Audit through your WebAdvisor account or from your Advisor.
- Incomplete forms or forms without the appropriate documentation will not be accepted.
- **Transcripts with IP grades can not be reviewed.** You must complete any IP grades before submitting this appeal form.
- Please sign and date this form.
- You will be notified within two weeks in writing once your appeal is reviewed.

STUDENT SIGNATURE _____ DATE _____

Check here if you would like a recalculation of your SAP due to completed coursework or grade change since the date of the original denial notification. Students who have successfully completed classes may request a recalculation if sufficient credits have been earned.

To Be Completed by Financial Aid Review Committee:	
SAPC: _____	APPEAL CODE: _____
Anticipated Graduation Date (end date for appeal): _____	
Comments: _____	

Reviewed by: _____	Date: _____
_____	Date: _____

