



IOWA WESTERN COMMUNITY COLLEGE

FINANCIAL AID TERMINATION APPEAL FORM

If you are placed on financial aid termination, and you would like to appeal that status, you must do so in writing. In order for an appeal to be granted, you must submit this form to the Financial Aid Office in Clark Hall, and you must provide documentation to support the fact that unusual or extenuating circumstances prevented you from making Satisfactory Academic Progress, as detailed below. **Please note that submitting the appeal does not guarantee financial aid reinstatement.** The appeal will be reviewed by the Financial Aid Office, and you will be notified of a decision in writing within two weeks of submitting it.

Student Information

Name _____
Last First Middle Initial

Permanent Address _____
Street Address

_____ City State Zip

Student ID Number _____ Telephone _____

Semester for which you are appealing termination: Fall Spring Summer Year 20_____

Reason for Appeal

In order for your appeal to be considered, you must provide the following documentation. Please keep in mind that appeals without sufficient documentation will be automatically denied.

1. **Required:** Attach a detailed explanation of the *unusual or extenuating circumstances* that prevented you from meeting the minimum Financial Aid Satisfactory Academic Progress requirements.
2. **Required:** Attach a detailed explanation of the positive steps you are taking to ensure future success in attaining your academic goals. If you are meeting with an academic advisor, tutor, or counselor, please explain how often as well as how these meetings will keep you on track for academic success.
3. **Required:** Attach supporting documentation of your unusual or extenuating circumstances. The documentation should be from someone who has direct awareness of the extenuating circumstances. For example, if the appeal is due to illness, documentation should be from a physician. If the appeal is due to academic concerns, documentation should be from an academic advisor, instructor, or other Iowa Western staff member.

Certification Statement:

I hereby certify that all of the information provided in this appeal is true and accurate. I also certify that I have read and understand the Eligibility and Satisfactory Academic Progress for Recipients of Federal and State Financial Aid brochure.

Student's Signature

Date

FOR OFFICE ONLY:

The student's appeal of termination status has been reviewed and the following action has been taken:

Request Granted Request Denied

Director, Financial Aid

Date