APPEAL FOR ACADEMIC-FINANCIAL AID REINSTATEMENT

Submit the completed and signed appeal form with all supportive documents to the Academic Dean or mail to the Academic Action Committee within 5 business days of receiving your Dismissal Notice from the college.

I. Student Information (please print clearly):

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>DATE</th>
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LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER

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<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>PHONE NUMBER</th>
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Program of Study:

□ ANIMATION
□ FINE ARTS
□ GRAPHIC DESIGN
□ ILLUSTRATION
□ INTERIOR DESIGN
□ PHOTOGRAPHY

II. Appeal Details:
I am appealing for Academic and Financial Aid Reinstatement for (choose semester and specify year):

□ Fall □ Spring □ Summer

□ I request an opportunity to meet with the Academic Action Committee.
Please contact me at the phone or email listed above.

III. Please attach a copy of your DCAD Cumulative GPA Calculator
Available at www.dcad.edu or from the DCAD Financial Aid Office

IV. My Academic Progress Success Plan
Please check specific reason(s) for your failure to meet Academic Progress Standards.

□ My cumulative GPA was less than 2.0
□ I did not attend classes regularly
□ I did not put enough time into my work
□ I lost interest in my classes
□ I did not manage my time well
□ Extenuating Circumstances (You must include supporting documentation from another source, such as a letter from a clergy member, doctor, teacher, medical bills/records, or police/insurance report. Supporting documentation must accompany all “extenuating circumstance” appeals.)

Please use the space below to write your plans to address, handle, and/or correct each reason checked above, to enable you to achieve satisfactory academic progress. Please print clearly.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

V. Signature:

Please continue to the other side of this document.
I certify that all of the information provided to the Committee for review of my appeal is accurate and true. I further acknowledge that I have read and understand the minimum requirements to meet satisfactory academic progress and to maintain my financial aid eligibility. I will abide by my Academic Progress Success Plan, the recommendations of the Academic Action Committee, my Academic Advisor’s suggestions, and any financial aid stipulations, if my appeal is approved. These terms include using the college’s Grade Forgiveness Option when retaking any classes I have failed.

STUDENT’S SIGNATURE    DATE

RETURN THIS FORM WITHIN FIVE BUSINESS DAYS from the date posted on your Dismissal Letter along with any other supportive documents to the Academic Dean. The Academic Action Committee will convene within 30 days of receiving your appeal to review your appeal and render a decision. Incomplete appeals will delay the Committee’s decision. The Registrar will mail or email you an appeal decision within ten days of the Committee’s decision.

Academic Action Committee/Financial Aid Office Use.
Complete Appeal Received: _________ Incomplete Appeal Received: _________

APPEAL DECISION:
Approved – Probation Status: _________
Denied – Dismissal: _________ Dismissal pending additional documentation: _________

SIGNATURES:

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<thead>
<tr>
<th>Academic Dean or Designee Signature</th>
<th>Date</th>
<th>Registrar or Designee Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Financial Aid Director or Designee Signature</td>
<td>Date</td>
<td>Fin Aid Reinstated or Denied?</td>
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