

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):

LAST NAME	FIRST NAME	DATE
XXX-XX-		
LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER		
EMAIL ADDRESS	PHONE NUMBER	

- Program of Study:**
- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> ANIMATION | <input type="checkbox"/> GRAPHIC DESIGN | <input type="checkbox"/> INTERIOR DESIGN |
| <input type="checkbox"/> FINE ARTS | <input type="checkbox"/> ILLUSTRATION | <input type="checkbox"/> 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.

- | | | |
|---|---|---|
| <input type="checkbox"/> My cumulative GPA was less than 2.0 | <input type="checkbox"/> I completed less than 67% of courses attempted | <input type="checkbox"/> I withdrew from ALL of my classes |
| <input type="checkbox"/> I did not attend classes regularly | <input type="checkbox"/> I failed to turn in assignments on time | <input type="checkbox"/> I did not put enough time into my work |
| <input type="checkbox"/> I did not put enough time into my work | <input type="checkbox"/> I exceeded more than 150% of my program completion time frame | |
| <input type="checkbox"/> I lost interest in my classes | <input type="checkbox"/> I experienced personal problems that are documentable, Attach supportive document(s) | |
| <input type="checkbox"/> I did not manage my time well | <input type="checkbox"/> I had family difficulties | <input type="checkbox"/> I had a death in the family |
| <input type="checkbox"/> 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. | <input type="checkbox"/> I became distracted | |

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:

Academic Dean or Designee Signature Date Registrar or Designee Signature Date

Financial Aid Director or Designee Signature Date Fin Aid Reinstated or Denied?