Huntsville Bible College

Financial Aid Appeal Form

Submit this form along with documentation as described below

Student Name: _____   ID Number: _____

What Term and Year you are seeking an appeal: _____

Definition of Satisfactory Academic Progress Requirements:

GPA: Students must maintain a minimum GPA of 2.00.

Completion Ratio: A ratio determined by dividing a student's undergraduate earned hours by their undergraduate attempted hours. Students must maintain at least a 67% completion rate.

Maximum Time Frame: The maximum number of hours a student is able to attempt as an undergraduate and still be eligible for aid. Students must complete their first within 150% of credits required.

Appeal of Suspension due to Extenuating Circumstances

All of the following items must be attached for your appeal to be considered. Do not submit an appeal including only partial information. If one or more of the items is incomplete your appeal will automatically be denied.

1. A written explanation of BOTH:
   a. Unusual or mitigating circumstances that you believe prevented or hindered you in making satisfactory academic progress or completing your degree within the allowable timeframe; AND
   b. What has changed, or corrective actions or steps being taken, to prevent future problems.

2. Supporting documentation relevant to your request for reinstatement of aid, i.e., doctor's statements, hospital discharge records, death certificate, etc.

By filing this appeal and signing below, I understand and agree to the following:

- May only complete an appeal one time during my academic pursuit at Huntsville Bible College.
- This is NOT an academic appeal but pertains ONLY to my federal aid eligibility.
- My appeal and supplied information must be reviewed and that reinstatement is not automatically granted.
- I realize I am responsible for all charges to my account; being denied federal aid or being granted reinstatement does not waive my responsibility to pay any charge or balance I owe to Huntsville Bible College.
- I certify that all information provided is true, accurate, and correct.
- If my appeal is approved, I agree to follow the guidelines of my probation as dictated by the Office of Financial Aid.

Signature: _____   **Date:** _____