

# Danville Area Community College Office of Financial Aid: APPEAL FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Appeal:** Please prove all information that supports your appeal.

**Step 1: Be specific** in explaining why the minimum number of academic hours were not earned or the reason your Cumulative Grade Point Average is not at least a 2.0.

**Step 2: Explain steps you have taken or will take to improve the situation that caused your Suspension.** You will not have an opportunity to provide additional information in person. **Be concise and clear.** Attach documentation of any unusual circumstances to this form. You may attach additional sheets if more space is needed.

**Please print or type the appeal.** Review the enclosed SAP Letter carefully, if a Degree Audit is requested you must submit it with your appeal or you, the student, must request a copy from your academic counselor to ensure a copy is forwarded to our office. **You may be asked for additional supportive documentation, Reply promptly.**

STEP 1:

**Please state the reason(s) that you were unable to meet the standards of academic progress. If you have reached Max-Time state the reason you have accumulated 150% required hours for your degree. Examples: conflict with work schedule, daycare, illness, etc.**


STEP 2:

**Please explain what steps you have taken to ensure that you will be able to complete your classes if allowed to return and use Financial Aid. You will need to be detailed in your answer.**


You will receive **written** notification of the appeal decision approximately one week after the appeals committee meets. **Be sure the address listed above is complete and is the same here at DACC.** Results will **not** be given over the phone. Mail or FAX this appeal form to the following address:

**Danville Area Community College, Office of Financial Aid, 2000 East Main Street, Danville, IL 61832  
FAX: 217.443.8268**

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### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Type of Appeal: Suspension: \_\_\_ Loan: \_\_\_ Ineligible: \_\_\_ VET: \_\_\_ Degree Audit Recd: \_\_\_\_\_  
Date FAFSA Completed: \_\_\_\_\_ Communication W/Student: \_\_\_\_\_ Previous Appeal: \_\_\_\_\_  
Degree Pursuing: \_\_\_\_\_ Certificate \_\_\_\_\_ Two-year Associate Degree  
Total Aid Recd: Pell: \_\_\_\_\_ PLEU: \_\_\_\_\_ MAP: \_\_\_\_\_ SEOG: \_\_\_\_\_ CWS: \_\_\_\_\_ Loans: \_\_\_\_\_  
Appeal Decision for \_\_\_\_\_ term: Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Extended: \_\_\_\_\_ Aid/VetLoaded: \_\_\_\_\_  
Student Notified: \_\_\_\_\_ Database Updated: \_\_\_\_\_ Conditions: \_\_\_\_\_  
FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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