Financial Aid Office

Dismissal Appeal Form (4DAPPL)

(Maximum Time Frame Exceeded)

NOTE: Appeals should be submitted prior to the term of requested reinstatement – limited exceptions will be considered. An appeal cannot be approved if the student:

- Has reached 60 credit hours attempted and does not have a 2.0 cumulative GPA, or
- Cannot achieve a 67% cumulative completion rate and a 2.0 cumulative GPA within maximum time frame.

Contact the Financial Aid Office if you require assistance in determining your eligibility to appeal.

STEP 1 – ACADEMIC INFORMATION

Name: _____ Date: _____

ID#: _____ Email: _____ @mymail.bhc.edu

Circle semester requesting reinstatement: Fall Spring Summer Year: _____

Assigned Academic Advisor: _____

You have been placed on Financial Aid Time Frame Dismissal because you have exceeded the maximum allowable time frame for your program of study. Maximum allowable time frame is equal to 150% of the minimum credit hours required for your degree or certificate program. Minimum credit hours are listed in the college catalog by program. (www.bhc.edu/catalog)

STEP 2 – PERSONAL STATEMENT

Attach a typed statement explaining the circumstances that caused you to exceed the allowable credit hours for your current degree or certificate program. Examples may include changes to academic program, prior enrollment in developmental coursework, return to school for retraining, etc.

Attach any supporting documentation needed to complete your appeal.

STEP 3 – ACADEMIC PLANNING GUIDE

Schedule an appointment with your assigned academic advisor to complete this step (see page 3).

STEP 4 – TERMS OF FINANCIAL AID PROBATION

I understand that IF this appeal is approved, I must:

- Complete the required coursework as listed on my Academic Planning Guide and
- Receive a grade of C or better (or maintain at least a 2.0 Cumulative GPA).

If I do not meet these terms, the extension of Financial Aid eligibility is terminated and I will not be eligible for future financial aid at Black Hawk College.

Signature: _____ **Date**: _____

You will be notified of a decision within 2 weeks after submitting your appeal and documentation. Notification will be sent to your myBH email. Information about your appeal will not be provided over the phone.

Financial Aid Office

Advising & Educational Agreement Plan
(1DPLAN)

Name: _____ Date: _____

ID#: _____ Email: _____ @mymail.bhc.edu

Circle semester requesting reinstatement: Fall Spring Summer Year: _____

Assigned Academic Advisor: _____

GENERAL INFORMATION – to be completed by the student

What is your educational goal/course of study?	
Are you currently employed?	☐ Yes ☐ No
If yes, how many hours to you work per week?	☐ 10-20 ☐ 20-25 ☐ 25-30 ☐ 30-35 ☐ 35-40 ☐ 40+
What types of bills do you pay?	☐ Rent/mortgage ☐ Utilities ☐ Groceries ☐ Insurance ☐ Child care ☐ Credit cards ☐ Auto loan(s)/maintenance ☐ Public transportation
Are you responsible for the support/care of a parent?	☐ Yes ☐ No
Are you responsible for the support/care of a child?	☐ Yes ☐ No
If yes, what arrangements have been made for child care while in classes?	
If yes, what arrangements have been made for child care while studying?	
Is this your first visit to an academic advisor?	☐ Yes ☐ No

ACADEMIC PLAN – to be completed with your assigned academic advisor

☐ Review the courses needed to reach the education goal stated above and develop an academic plan.

☐ Review what strategies are needed, if any, to obtain a 2.0 GPA.

☐ Discuss the reason courses have been dropped, failed, withdrawn or not attended; develop a plan to retake the class.

☐ Review the student's schedule with respect to academic success. Discussion may include: transportation, work, childcare, student activities, class attendance, homework, and study habits. Complete the *Time Management Calculator* and discuss with assigned advisor (www.bhc.edu/advising)

List important strategies to help meet educational goals. Check (✓) which steps the student should take.

☐ Recommended maximum credit hours _____

☐ Testing assistance

☐ Tutoring

☐ Other

☐ Referral to TRIO

☐ Follow-up advising appointment (_____/_____/_____)

☐ Personal counseling

ACADEMIC PLANNING GUIDE

To be completed by student and assigned academic advisor

Courses below are required to complete the ☐ degree or ☐ certificate of _____.

SEMESTER: _____

Prefix	Course Number	Title	Credit Hours

TOTAL SEMESTER HOURS: _____

SEMESTER: _____

Prefix	Course Number	Title	Credit Hours

TOTAL SEMESTER HOURS: _____

SEMESTER: _____

Prefix	Course Number	Title	Credit Hours

TOTAL SEMESTER HOURS: _____

SEMESTER: _____

Prefix	Course Number	Title	Credit Hours

TOTAL SEMESTER HOURS: _____

Add additional pages as needed.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.