Financial Aid Office

Dismissal Appeal Form (1DAPPL)

(Performance Requirement)

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.

*** * * ALL STEPS MUST BE COMPLETED BEFORE APPEAL WILL BE REVIEWED * * ***

STEP 1 – ACADEMIC INFORMATION

Name: _____ Date: _____

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

Circle semester requesting reinstatement: Fall Spring Summer Year: _____

Assigned Academic Advisor: _____

Reason for Financial Aid Dismissal – please check all that apply:

☐ My cumulative completion rate is below 67%. ☐ My cumulative GPA is below 2.0

Academic Details – log in to myBlackHawk to complete the following:

1. Cumulative GPA (Grade Point Average): _____
2. List any classes in which you have received the grades of F, X, W:

Class	Semester	Grade

STEP 2 – PERSONAL STATEMENT

Students with mitigating circumstances that contributed to their dismissal status (e.g. illness, injury, death in the family, etc.) may appeal for an additional semester of eligibility in order to demonstrate improved academic performance. Lack of awareness regarding withdrawal and/or Satisfactory Academic Progress policies or lack of preparation for college coursework are not considered mitigating circumstances for appeal.

Please explain in your own words what mitigating or extenuating circumstance prohibited you from meeting the Satisfactory Academic Progress requirements. This information should be typed and submitted on a separate sheet of paper. Keep in mind that the more information you provide, the better we are able to understand and evaluate your circumstances.

STEP 3 – SUPPORTING DOCUMENTATION (REQUIRED)

Attach documentation in support of your mitigating or extenuating circumstances (example: doctor's note or medical documentation, copy of obituary or death certificate, legal documents, letters from professional services, etc.) The documentation must include dates that correspond to the terms that resulted in dismissal.

In addition to your supporting documentation, you may also include a letter from a professional source (instructor, employer, counselor, student support staff member, etc.) indicating your likelihood of academic success. Parents, relatives and friends are excluded from writing this letter. This letter is not a substitute for supporting documentation.

STEP 4 – ADVISING & EDUCATIONAL AGREEMENT PLAN

Schedule an appointment with your assigned academic advisor to complete this step. Form is available on next page – complete Section A prior to your appointment.

STEP 5 – TERMS OF FINANCIAL AID PROBATION

I understand that IF this appeal is approved, I must successfully meet one of the following by the end of the term of reinstatement in order to continue receiving financial aid:

- Meet all Satisfactory Academic Progress requirements for Good Standing, or
- Successfully complete all coursework attempted with a grade of C or better, or
- Successfully complete all coursework attempted while maintaining a 2.0 cumulative GPA.

If I do not meet the terms of my Financial Aid Probation, the extension of my financial aid eligibility will be terminated and I will not be eligible of financial aid at Black Hawk College until I can reach Good Standing without financial aid support. Timeframe limits also apply.

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.

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

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.