

(Performance Requirement)

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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#:	Black Hawl	0	
Circle semester requesting reinstatement: Fal	ll Spring	Summer	Year:
Assigned Academic Advisor:			
Reason for Financial Aid Dismissal – please c	check all that	t apply:	

 \square My cumulative completion rate is below 67%. \square My cumulative GPA is below 2.0

Academic Details – log in to your Black Hawk College Portal 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 <u>IF</u> this appeal is approved, I must successfully meet <u>one</u> 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 <u>2 weeks</u> after submitting your appeal and documentation.

Notification will be sent to your Black Hawk College student 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.



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Name:				Date:	
ID#:		Black Hav Student E	vk College mail:	-	
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?	\Box Yes \Box No
If yes, how many hours to you work per week?	$\Box 10-20 \Box 20-25 \Box 25-30 \Box 30-35 \Box 35-40 \Box 40+$
	\Box Rent/mortgage \Box Utilities \Box Groceries
What types of bills do you pay?	\Box Insurance \Box Child care \Box Credit cards
	\Box Auto loan(s)/maintenance \Box Public transportation
Are you responsible for the support/care of a parent?	\Box Yes \Box 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.
- \Box Review what strategies are needed, if any, to obtain a 2.0 GPA.

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- 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	□ Referral to TRIO
□ Testing assistance	□ Follow-up advising appointment ()
□ Tutoring	□ Personal counseling

 \Box Other

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ACADEMIC PLANNING GUIDE To be completed by student and assigned academic advisor

Courses below are <u>required</u> to complete the \Box degree or \Box certificate of ______

SEMESTER:	Prefix	Course Number	Title	Credit Hours	
					TOTAL
					SEMESTE 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:

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