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**Financial Aid Office**  
**Dismissal Appeal Form (1DAPPL)**  
(Performance Requirement)



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**STEP 1 PLEASE PROVIDE THE FOLLOWING INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

ID#: \_\_\_\_\_ email \_\_\_\_\_ @mymail.bhc.edu

Semester Requesting Reinstatement: \_\_\_\_\_

**All Steps Must be Completed or Your Appeal Will Not be Reviewed**

REASON FOR FINANCIAL AID DISMISSAL (please check all that apply)

My Cumulative Completion Rate is below 67%     My Cumulative GPA (Grade Point Average) is below 2.0

**Go to your myblackhawk account to find the following information:**

1. GPA (Grade Point Average) Cumulative GPA \_\_\_\_\_
2. List the classes you have received the following grades: F, X, W.

Class	Semester	Grade

Class	Semester	Grade

**STEP 2 CIRCUMSTANCES FOR THE APPEAL**

Please explain in your own words what extenuating circumstance prohibited you from meeting the Satisfactory Academic Progress requirements. This information should be on a separate sheet of paper and be typed. Only extenuating circumstances that can be supported with documentation will be considered in the appeal process. Unawareness of withdrawal policies, unawareness of requirements for satisfactory progress or unprepared for college coursework will not be an accepted reason for the purpose of an appeal.

**Complete Reverse Side**

**STEP 3 SUPPORTING DOCUMENTATION**

Attach appropriate documentation, which coincides with your appeal (example: medical documentation, copy of obituary or death certificate, legal documents, letters from professional services, etc.) The documentation must include the dates that correspond to the terms you are appealing for. 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 should not replace the documentation requested above.

**STEP 4 ADVISING AND EDUCATIONAL AGREEMENT**

YOU MUST SCHEDULE AN APPOINTMENT WITH AN ACADEMIC ADVISOR OR COUNSELOR IN ORDER TO COMPLETE THIS STEP. You must complete an Advising and Educational Agreement.

**STEP 5 TERMS TO MAINTAIN FINANCIAL AID ELIGIBILITY IF GOOD STANDING IS NOT ATTAINABLE IN THE NEXT SEMESTER OF ENROLLMENT.**

**I understand IF this appeal is approved, Satisfactory Academic Progress must be met in order to continue receiving Financial Aid. If I do not successfully complete all coursework attempted and receive a grade of C or better in all courses (or maintain at least a 2.0 Cumulative Grade Point Average), the extension of Financial Aid eligibility is terminated and I will not be eligible of future Financial Aid at Black Hawk College.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(To be completed by FAO)

*Appeal Decision Effective Semester / Year* \_\_\_\_\_

*Credit Hour Extension If (Dismt) Approved:* \_\_\_\_\_

*(Roausdf) Credits (For Dismt Approval)* \_\_\_\_\_

*Additional Text For Appeal Response (If Any):*

DATE: \_\_\_\_\_  
Emailed Date \_\_\_\_\_



Financial Aid
Advising & Educational Agreement Plan
(Performance Requirement)

Name: \_\_\_\_\_ Date: \_\_\_\_\_
(PLEASE PRINT)

ID#: \_\_\_\_\_ email \_\_\_\_\_ @myemail.bhc.edu

Semester Requesting Reinstatement: \_\_\_\_\_

Complete Section A and take to an academic advisor/counselor for Section B

Section A: General Information

What is your educational goal/course of study? \_\_\_\_\_

Do you have a job? [ ] YES [ ] NO

If yes how many hours do you work? [ ] 10-20 [ ] 20-25 [ ] 25-30 [ ] 30-35 [ ] 35-40 [ ] 40+

What types of bills are you required to pay? (check all apply)

- [ ] Rent/Mortgage [ ] Utilities [ ] Groceries [ ] Public transportation/gas & car maintenance [ ] Insurance
[ ] Credit Cards [ ] Childcare [ ] Car Loans

Are you responsible for the support and /or care of a parent(s)? [ ] Yes [ ] No

Do you have children? [ ] Yes [ ] No

If yes, what arrangements have been made for childcare while in classes? \_\_\_\_\_

If yes what arrangements have been made for childcare while studying? \_\_\_\_\_

Is this your first visit to an academic advisor/counselor? [ ] Yes [ ] No

Section B Academic Plan (To be completed with an academic advisor/counselor)

- [ ] Review the courses needed to reach the education goal stated in Section A 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 and develop a plan to retake the class.
[ ] Review the student's schedule with respect to academic success. Discussion includes the following issues: transportation, work, childcare, student activities, class attendance, homework, and study habits. Make any suggestion appropriate to help the student balance time, money, and achieve academic success.

List the important strategies for this student to meet the educational goals. Check mark which steps the student needs to take.

- [ ] Recommend maximum \_\_\_\_\_ Credit Hours [ ] Referral to TRIO Office
[ ] Testing Assistance [ ] Follow-up Advising appointment(s) DATE \_\_\_\_\_
[ ] Tutoring [ ] Personal Counseling
[ ] Other

# ACADEMIC PLANNING GUIDE

To be completed by you and your advisor

List the Courses needed to complete your degree or certificate of \_\_\_\_\_

MAJOR from Banner

Associate's Degree       Certificate Degree

Advisor's Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

	Prefix	Course Number	Title	Credit Hours	
Semester					
_____					
					TOTAL Semester Hours

	Prefix	Course Number	Title	Credit Hours	
Semester					
_____					
					TOTAL Semester Hours

	Prefix	Course Number	Title	Credit Hours	
Semester					
_____					
					TOTAL Semester Hours

	Prefix	Course Number	Title	Credit Hours	
Semester					
_____					
					TOTAL Semester Hours

Add additional pages as needed