



# South Plains College

1401 S. College Ave, Box B  
Levelland, TX 79336

## FINANCIAL AID APPEAL

### SECTION A: STUDENT INFORMATION

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Last Name First Name Middle / Maiden Name

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_--\_\_\_\_--\_\_\_\_

Email Address: \_\_\_\_\_

Semester for which you are requesting the financial aid appeal approval:

Fall Spring Summer I Summer II Year \_\_\_\_\_

The deadline to turn in an appeal is two months after the first class day of the semester for which you are appealing  
(15 days after the first class day for summer semesters).

### SECTION B: PERSONAL STATEMENT

Submit a typed statement that includes the following:

- An explanation of the circumstances that you feel led to this suspension of financial aid. Please be as specific as possible, as you will not have an opportunity to meet with the Financial Aid Appeal Committee in person or by telephone. Provide any documentation you feel will support your statement.
- What has changed that will allow you to be successful in future semesters?
- Your academic goals and specific plans to achieve them.

### SECTION C: CERTIFICATION

- I certify that all of the information in this financial aid appeal is true and complete to the best of my knowledge.
- I understand the decision of the appeals committee is final.
- I understand that if my appeal is approved, I must successfully complete all courses for the current and future semesters.
- I understand that it's my responsibility to check the status of my appeal on Campus Connect.
- **If my appeal is approved, I will get an official Academic Plan from the Advising Center (formerly the Guidance and Counseling Center) within two months from the date that the appeal is approved.** Failure to adhere to the requirements of this Academic Plan will result in being subject to the requirements of the school's satisfactory academic progress policy without the benefit of a warning semester and no further opportunities to appeal.

X \_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

#### OFFICE USE ONLY

Scan to 17-18/APPEALS

Date \_\_\_\_\_

Add date to 17/18 Maintain – Appeal Documents

Initials \_\_\_\_\_

Route documents to APPEALS