

## 2020 - 2021

## **Appeal for Reinstatement of Federal Financial Aid After an Absence from Jefferson Community College**

| Name:   | Student ID                      | Student ID#: J           |                          |  |
|---|---------------------------------|--------------------------|--------------------------|--|
| Address:  |                                 |                          |                          |  |
| Street  | City                            | State                    | Zip Code                 |  |
| This appeal is appropriate if y<br>Jefferson Community College<br>• already completed a o<br>– or – |                                 | have:                    | are returning to         |  |
| - or -  | rses at Jefferson Community     | S                        |                          |  |
| attended another colle  | ege and completed transfer c    | realt in order to meet   | imancial aid eligibility |  |
| Have you completed any cour   | YES NO_                         |                          |                          |  |
| If yes, p   | olease provide unofficial trans | cripts or grade reports. |                          |  |
| What semester are you   | applying for?                   |                          |                          |  |
| Please explain the circumstant intend to meet the standards documentation, if necessary.            |                                 |                          |                          |  |
|   |                                 |                          |                          |  |
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|   |                                 |                          |                          |  |
| Signature:  |                                 | Date:                    |                          |  |
|   | aturn this form to SUNV Infform |                          |                          |  |

Appeals Committee, 1220 Coffeen Street, Watertown NY 13601

## To be completed by the Financial Services Office

| Student curr         |   | ords for federal financial aid becaus<br>on required (below the dismissal Gl |  |  |  |
|----------------------|---|--|--|--|--|
|                      | <ul> <li>GPA falls below the minimum required (below the dismissal GPA) – or</li> <li>Course completion rate is below the minimum.</li> </ul> |  |  |  |  |
|                      | Credits Attempted:  | Credits Earned:<br>The minimum is  |  |  |  |
|                      | Current completion rate is _  | The minimum is   |  |  |  |
| <b>G</b>             |   |  |  |  |  |
| <b>Comments:</b>     |   |  |  |  |  |
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| A .41                |   |  |  |  |  |
| Action Taker         | <u>1:</u>   |  |  |  |  |
| Approved:            |   |  |  |  |  |
| Denied:              |   |  |  |  |  |
|                      |   |  |  |  |  |
| <b>Stipulations:</b> |   |  |  |  |  |
|                      |   |  |  |  |  |
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|                      |   |  |  |  |  |
|                      |   |  |  |  |  |
| Signature: _         |   | Date:  |  |  |  |