



FINANCIAL AID/VETERAN SERVICES/SCHOLARSHIPS
Financial Aid Continuing Appeal
2014-2015

CONTINUING APPEAL

You were approved for reinstatement of federal aid based on your successful appeal during the most recent academic year. Certain conditions were set for you to remain eligible to receive the financial aid for which you were otherwise eligible. If you met all of the conditions of your prior approved appeal and you have not yet regained an OK financial aid satisfactory academic progress status or you are Maximum Timeframe, in order to receive aid for an additional academic year, you must submit a “Continuing Appeal Request” for the new academic year.

NOTE: If you failed to meet all of the conditions of your prior favorable appeal, no additional appeals will be considered for the current academic year.

CONTINUING APPEAL INSTRUCTIONS

Carefully READ and follow all the instructions. The importance you place on retaining your financial aid eligibility will be demonstrated to the committee by how well your continuing appeal is prepared.

There are two (2) required attachments. Failure to include any one of these attachments will result in an automatic denial. The committee will make its decision solely on your successful performance in meeting the conditions of your prior approved appeal and your enrollment in courses required in your program at Pensacola State College.

Attachment 1 **Continuing Appeal Request Form**
Read, complete, and sign your appeal request form included in this packet of materials.

Attachment 2 **Your Educational Plan & Degree Audit**
You must meet with your academic advisor or program director to update your Pensacola State College Educational Plan and document that plan on the form prior to signing it. Be sure to provide a copy of your degree audit signed by you and an advisor.

APPEAL TIMELINES

Your financial aid file must be complete for an appeal decision to be made.

All appeals are considered “pending” until the committee makes a final decision. You will be notified via your Pirate e-mail and a letter sent to your mailing address on file with the Admissions/Registrar office. Appointments are not scheduled with the Appeals Committee.

APPEAL TIMELINES (continued)

You must make other personal arrangements to pay your fees for the current or upcoming semester in order to secure your schedule of classes, you may not receive a decision on your appeal by the time your tuition payment is due. In making those arrangements you should not assume your appeal will be granted or that you will have your financial aid reinstated.

APPEALS COMMITTEE PROCESS

Your appeal packet will be forwarded to the Appeals Committee for review once your financial aid file is complete.

The committee will review in the date order it is received. You will be notified via your Pirate Mail and a letter mailed to your mailing address on record with the Student Records Office. Unsigned forms will NOT be processed. Except during periods of registration, the processing time is 7-14 business days. For continuing appeals, determination will be based on grades for the current term.

APPROVED APPEALS

Students should carefully read the letter sent to them by the committee and make plans to carefully adhere to all the conditions set for them in that letter of approval. Failure to follow and comply with the conditions will result in the denial of federal aid eligibility.

DENIED APPEALS

Students will be notified as to the reason(s) their appeal for reinstatement was denied by the committee. The letter will be sent to your address on record with the Student Records Office. Carefully read the information in the letter from the committee.

If you do not agree with the denial and have additional documentation that you believe would impact the original denial, you may submit the additional documentation with a new written request for further review to the Director of Financial Aid/Veteran Services/Scholarships. This must be done within 14 days of your receipt of the committee's decision.

The Director will review the initial appeal packet on which the committee based their decision. Your letter requesting the additional review of the denial must include the reasons you believe the denial was in error plus the additional documentation and a new written request. When needed, the Director may schedule a meeting with you to discuss your appeal prior to a final decision. A letter will be mailed to you with the Director's determination as to whether or not the denied appeal will be overturned. If you disagree with this decision, you may request in writing to the Director, within 14 days of receiving that written notification that your denied appeal packet be forwarded for further review by the Student Financial Services Manager whose decision is final.



FINANCIAL AID/VETERAN SERVICES/SCHOLARSHIPS
Financial Aid Continuing Appeal

Attachment 1 – Continuing Appeal Request

Please print.

Student Name _____ SSN*/Student ID _____
(see note below)

Contact Info: Telephone: Day _____ Evening _____

Pensacola State College Pirate E-mail Address: _____@students.pensacolastate.edu

I am requesting that my previously approved appeal continue for the _____ academic year.

Check the first term for which the appeal is being requested (check one ONLY):

_____ Fall term (August-December) _____ Spring term (January-May) _____ Summer Term (May-August)

_____ I successfully completed the conditions of my approved appeal.
DO NOT submit a continuing appeal if you cannot check this statement. Meet with your
FA Representative.

CERTIFICATION:

I have read the Financial Aid Satisfactory Academic Progress Appeal (FASAP) information, continuing appeal
instructions, and the appeal process. I understand what is required of me to submit a continuing appeal. I
understand that failure to submit any of the required attached documents to support my continuing appeal will
result in the appeal being denied.

I am submitting: Attachment 1 Appeal Request
Attachment 2 Educational Degree Plan signed by student and advisor

Student Signature _____ Date _____

FOR FA/VA OFFICE USE ONLY: FRONT WINDOW _____ MAIL _____

_____ Attachment 1 Continuing Appeal Request
_____ Attachment 2 Educational Plan and Degree Audit signed by student and advisor

FA/VA Staff _____ Date _____

FINANCIAL AID/VETERAN SERVICES/SCHOLARSIPS
Financial Aid Continuing Appeal

Attachment 2 – Your Educational Degree Plan & Degree Audit

Students who request reinstatement of aid eligibility must present this form to an Academic/Faculty Advisor to determine the remaining number of credits the student must earn to complete the degree or certificate program. Submit this form attached to the other required attachments and supporting documents in the Financial Aid Suspension Appeal Packet as “Attachment 2.” The student must be in an eligible degree or certificate program in order to receive Federal Financial Aid.

NOTE: This form must be completed and signed by an Academic/Faculty Advisor and the student. The student should submit this form as Attachment 2 along with all other required documentation. Attach a copy of your degree audit signed by you and an advisor.

Student Name: Last, First, MI (print) _____ SSN*/Student ID Number (see note below) _____

Academic Year _____ Term of Review _____

Academic Major or Certificate Program: **(current)** _____

- Total # Credits required for Pensacola State College Degree/Certificate _____
- Total # Credits earned toward Pensacola State College Degree/Certificate _____
- Total # Credits needed to complete Pensacola State College Degree/Certificate _____
 (Do not include credits needed only for transfer purposes)

Academic/Faculty Advisor’s Comments:

Student Statement: *I certify that I have met with an advisor to discuss my degree program. I have received a copy of the degree audit (DAUDR) and I understand that if I fail to follow this Educational Plan, I risk losing my eligibility for receiving federal financial aid.*

Student Name (Print name) _____ Student Signature _____ Date _____

Advisor Statement: *I certify that I have met with this student and have discussed the academic progress and the degree program and course requirements. I have provided the student with a copy of this Educational Plan and a copy of the degree audit (DAUDR).*

Advisor Name (Print name) _____ Advisor Signature _____ Date _____

*Required and authorized by Title IV of the Higher Education Act of 1965, as amended (§§483 and 484); 20 USC 1078, 1090, 1091 & 1092; 34 CFR 668.16; 34 CFR 668.33; 34 CFR 668.36; 34 CFR 668.32(i) and 34 CFR 668.36