



Community & Technical College District
APPEAL FOR REINSTATEMENT OF FINANCIAL AID BENEFITS

Full Name _____ SS#: _____ ID#: _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone # _____ Cell # _____

Student E-mail Account _____

Please indicate the semester or year you are applying for (*check only one*):

2010 Fall Semester 2011 Spring Semester 2011 Summer Semester

Please state your reasons, extenuating circumstances, etc. for failure to achieve satisfactory academic progress during the term of last attendance AND/OR your reasons for attending BSCTC after you have received aid the maximum time allowed (*attach additional pages or documentation if necessary*):

How has your situation changed or why do you feel that you can now make academic progress?

Have you attended another college since last attending BSCTC? Yes No
If yes, what college did you attend? Give name and date(s):

College	Dates Attended	Credits earned	Cum. G.P.A.
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STUDENT'S SIGNATURE

DATE

A completed Degree Audit form is required of all students who have attempted over 150 percent of the credit hours necessary to complete their program of study. By signing below, you are giving permission to the financial aid office to request a degree audit on your behalf in order to determine your eligibility for financial aid. Please note, this does not automatically guarantee reinstatement of financial aid.

Student Signature: _____ *Date:* _____

YOU WILL BE NOTIFIED VIA YOUR STUDENT E-MAIL ACCOUNT OF THE COMMITTEE'S DECISION

Please make sure you monitor your Big Sandy student e-mail account for all Financial Aid information