



Student Name _____ OCC ID _____

Address _____

City _____ State _____ Zip _____ Phone _____

APPEALS MUST BE SUBMITTED BY THE FOLLOWING DATES:

Fall Semester: September 30

Winter Semester: January 31

Summer Semester: May 31

Students denied financial aid due to unsatisfactory academic progress may appeal for reconsideration of financial aid eligibility. Ineligibility for aid may be the result of one or more of the following:

1. Failure to complete a 100% pace of progression (cumulative credit hours attempted)
2. Less than a cumulative 2.0 GPA
3. Attempted in excess of 150% of the credit hours required for your program

The student’s failure to maintain satisfactory academic progress must be the result of mitigating or unusual circumstances. Please explain the situation in the appropriate sections and attach documentation to support the appeal.

Note: You should address the unsatisfactory performance for all semesters that caused you to lose financial aid eligibility.

The submission of this appeal does not guarantee a change in your financial aid eligibility. Student Financial Resources and Scholarships (SFRS) will review the appeal and notify the student in writing of the appeal decision. All decisions are final.

- For appeals due to failure to successfully complete 67% of all attempted credits or maintain an overall 2.0 grade point average, please complete only items #1 and #2 of this form.
- For appeals due to attempting in excess of 150% of the credit hours for your program, please complete only item #3 of this form.
- **This form is a writable PDF. Your responses must be typed into the space provided. Hand-written appeals will not be accepted.** Other than supporting documentation, no attached documents will be accepted.

1. Explain the circumstances that caused you to fail to make satisfactory academic progress each semester.

2. Describe the actions taken by you to prevent future recurrence of the lack of satisfactory academic progress.

3. You have attempted over 150% of the credit hours required for your program at Oakland Community College. The Federal Government limits the amount of financial aid a student can receive at each institution, including transfer credits from other schools. Please explain why you are taking additional classes and your expected educational objective at OCC.

Attach documentation to support this appeal. Include medical statements, academic records, or other documents to verify your circumstances.

I certify that the information on this appeal form and all attachments are complete and accurate.

Signature _____ Date _____

There will be no exceptions to the Satisfactory Academic Progress Policy Appeal deadline.

Return this form to:

Auburn Hills Campus
2900 Featherstone Road
Auburn Hills, MI 48326-2845
Phone: (248) 341-2240
Fax: (248) 232-4349

Highland Lakes Campus
7350 Cooley Lake Road
Waterford, MI 48327-4187
Phone: (248) 341-2240
Fax: (248) 942-3044

Orchard Ridge Campus
27055 Orchard Lake Road
Farmington Hills, MI 48334-4579
Phone: (248) 341-2240
Fax: (248) 522-3444

Royal Oak Campus
739 S. Washington
Royal Oak, MI 48067-3898
Phone: (248) 341-2240
Fax: (248) 246-2444

Southfield Campus
22322 Rutland Drive
Southfield, MI 48075-4793
Phone: (248) 341-2240
Fax: (248) 233-2945

OFFICE USE ONLY

Appeal Review Date _____

Action: Approved Denied

Reason for Denial _____

Manager's Signature _____