

GOUCHER COLLEGE FINANCIAL AID RESTRICTION APPEAL

INSTRUCTIONS: Complete the information below and submit this form along with documentation to our office.
Appeals submitted without documentation will be denied.

1. STEP ONE: Tell us about yourself.

STUDENT ID:

LAST NAME:

FIRST NAME:

EMAIL:

DAY PHONE NUMBER:

EVENING PHONE NUMBER:

2. STEP TWO: Tell us why you have been placed on Financial Aid Restriction. Check all that apply.

Cumulative GPA

Cumulative completion rate (Pace)

Maximum Timeframe

3. STEP THREE: Tell us why you failed to make satisfactory academic progress.

Death of a relative.

Please provide name and relationship to you: _____

Injury or illness of student or relative.

Other special circumstance beyond the student's control. **Factors such as not studying enough, classes too difficult, work schedule or hours, sitting out a semester or semesters, or insufficient use of Goucher support services are not valid reasons for an appeal.**

Please explain briefly (If additional space is needed please attach a separate written explanation):

4. STEP FOUR: Tell us what has changed in your situation that will allow you to demonstrate satisfactory academic progress at the next evaluation.

Please explain briefly (If additional space is needed please attach a separate written explanation):

5. STEP FIVE: Provide supporting documentation for the information you stated in Steps 3 and 4.

Appeals submitted without supporting documentation will not be accepted.

6. STEP SIX: Sign and date the following statement of understanding:

- I understand that I am responsible for reading and understanding the Goucher's Satisfactory Academic Progress (SAP) policy as outlined in the college catalog and on the Goucher website.
- I certify that the information provided on this appeal request form is accurate and complete.
- I understand that if my appeal is pending and I am enrolled in the next term after I failed to meet the SAP standards federal aid will not appear on my e-bill and I will need to make other payment arrangements.
- I understand that if my appeal is accepted, I will need to turn in an Academic Plan prior to my aid being reinstated.

Please submit this appeal along with your supporting documentation to:

Goucher College
Office of Financial Aid
1021 Dulaney Valley Road
Baltimore, MD 21204
Fax: 410-337-6504

I have read and understood the above statement of understanding.

Student's signature

Date

FOR INTERNAL USE ONLY

____ / ____ A/D ____ / ____ A/D ____ / ____ A/D