THREE RIVERS COMMUNITY COLLEGE

APPEAL FORM

Name________________________________________________ID#____________________
Address______________________________________________________________________
Email________________________________________________Phone__________________

Check all that apply and submit this form as directed:

_____ Financial Aid and Academic Suspension - Please fill out this form and make an appointment with a Suspension Advisor at the Office of Student Development, A117, (860)383-5217.

_____ Financial Aid Suspension (If your financial aid status is “NOTSAP” – Unsatisfactory Progress)
Appeals to receive financial aid are considered for unexpected or emergency situations such as serious illness, death of family member or other unusual life circumstance. If you are reinstated for financial aid, all courses must be completed with a grade of “C” or better for financial aid eligibility to be continued the following semester. Please fill out this form and make an appointment with a counselor/advisor at the Office of Student Development, A117, (860)383-5217. Return completed form to the Financial Aid Office.

_____ Academic Probation – Meet with academic advisor in Student Services and submit this form with your registration if you wish to take more credits than 9 credits, which is the limit on probation.

_____ Academic Suspension – email form to TR-AcademicAdvising@trcc.commnet.edu if you wish to attend TRCC while on academic suspension

_____ Course Repeat - email form to TR-AcademicAdvising@trcc.commnet.edu if you wish to to repeat a course more than the three times allowable by Board Policy

Please take the time to thoughtfully reflect on your situation and be as detailed as possible in describing the factors involved and the strategies and actions you will take to address your academic situation. Please print clearly and complete all of the following questions, you may use additional page/s if necessary.

1. Please describe and reflect on the reason(s) that have contributed to your unsatisfactory academic progress, probation or suspension; be sure to discuss each unsatisfactory semester. (If needed, attach additional sheets)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

2. Provide documentation in support of unusual life circumstances that may have occurred for Financial Aid appeals. For example; death certificates, medical documentation etc.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Appeal Form/Continued on Page 2
3. Please explain the strategies you have developed and the actions you are willing and able to take to improve your GPA and support your satisfactory academic progress now.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

ACADEMIC PLAN

Fall 20____ Spring 20____ Summer 20________

Student:  

Courses you plan to register for if appeal is granted:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Advisor:

Advisor recommendations including any conditions of the appeal; such as a follow-up appointment etc

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Student Signature_________________________________________    Date______________________
Advisor Signature___________________________________________ Date______________________
Financial Aid Director, if applicable,_____________________________ Date______________________

Financial Aid Final Decision (office use only)