



ST. JOHNS RIVER COMMUNITY COLLEGE
FLORIDA SCHOOL OF THE ARTS
 CLAY, PUTNAM AND ST. JOHNS COUNTIES COOPERATING

FINANCIAL AID OFFICE
 5001 ST. JOHNS AVENUE
 PALATKA, FLORIDA 32177-3897
 PHONE: (386) 312-4040
 FAX: (386) 312-4289

283 COLLEGE DRIVE
 ORANGE PARK, FLORIDA 32065-7650
 PHONE: (904) 276-6800

2990 COLLEGE DRIVE
 ST. AUGUSTINE, FLORIDA 32095-1197
 PHONE: (904) 808-7400

APPEAL FOR REINSTATEMENT OF FINANCIAL AID

Name _____ ID/SS#: _____
Last First

Semester for which you are requesting reinstatement of financial aid: _____, 20__

Type of Appeal: Financial Aid Suspension Maximum Hours Reached**

Basis for Appeal: Provide specific information and documentation to support your appeal. The financial aid appeals committee will make their decision based on the information and documentation you submit, *and the decision of the committee is final*. Be specific in explaining why the minimum GPA was not met, why the required percentage of credits were not completed, and/or why you are over the maximum number of credits attempted. Be concise, clear, and complete. It is also suggested that you inform the committee of your upcoming enrollment plans. Continue on the back of this form or attach additional pages as needed. Attach documentation of unusual circumstances, such as medical reasons, to support your appeal. Sign and date the appeal, and return it to the Financial Aid Office.

****NOTE:** if the appeal is for Maximum Hours, except for the limited access programs identified below, a “Compliance Course/Attribute Selection Report” showing the specific course(s) needed to complete your current program of study at SJRCC must be obtained from and certified by an Academic Advisor at SJRCC, and the report must accompany the appeal. For a *limited access program*, you must be accepted into the program. If you have been accepted into the Health Information Management, Nursing, Radiologic Technology, or Respiratory Care Programs, you need only include a copy of the acceptance letter.

By signing below, I acknowledge that if this appeal is approved I can only register in and receive financial aid for courses within my current SJRCC degree program. If approved, my appeal may be extended until I meet the satisfactory academic progress standards or complete my current SJRCC degree program, only if I successfully complete 100% of courses each term and maintain the minimum cumulative GPA of 2.0.

Signature _____

Date _____