

**NRCC APPEAL FOR REINSTATEMENT OF AID**  
**(Please print and complete)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Former or Maiden Name: \_\_\_\_\_ Best contact phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student ID# \_\_\_\_\_ Last 4 digits of Soc. Sec. No. \*\*\*-\*\*-\_\_\_\_\_

Which rule(s) of the Satisfactory Academic Progress (SAP) policy was/were not met?  
67% \_\_\_\_\_ GPA \_\_\_\_\_ 150% \_\_\_\_\_

For which semester are you requesting aid be reinstated?  
Sum \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ → **For which YEAR?** \_\_\_\_\_  
(mark only one)

Program of Study (curriculum) you wish to complete: \_\_\_\_\_

Have you previously appealed termination of financial aid eligibility at NRCC?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Explain the circumstances which contributed to your Low Grade Point Average (GPA) and/or failure to successfully complete attempted credit hours (*attach extra sheet or use reverse side for additional information*). **If you failed the 150% rule, explain why you have attempted an excess number of credits.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how your situation has now **changed**. Include a detailed plan for **improvement**. (*attach extra sheet or use reverse side for additional information*). **If you failed the 150% rule, give a detailed plan of how and when you expect to complete your program.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** -----

\_\_\_\_\_ Approved with APP – Term-by-term Common SAP Parameters  
\_\_\_\_\_ Denied → Date Sent to Committee \_\_\_\_\_ Committee Decision: A \_\_\_\_\_ D \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

67% \_\_\_\_\_  
GPA \_\_\_\_\_  
150% \_\_\_\_\_  
\_\_\_\_ Complete  
\_\_\_\_ Incomplete