

FINANCIAL AID



Suspension Review Request-GPA and Pace

Student ID # _____ Name _____ Academic year _____ - _____

AC Email _____ Mailing Address _____

City, State, Zip Code _____ Phone# _____

I understand I have been placed on Financial Aid suspension for not meeting the requirements of AC' s Satisfactory Academic Progress policy. By submitting this form and required documents, I am requesting a review of my suspension status. The Financial Aid Office will review my statements and attached documentation in determining my eligibility for reinstatement of my financial aid eligibility.

Reason for requesting a review:

1. A **typed** personal statement explaining the situation(s) that prevented you from meeting the requirements of AC' s Satisfactory Academic Progress Policy. This statement should include any extenuating circumstances that occurred during the last 2 semesters enrolled at AC.
2. An additional **typed** statement outlining what has changed in your personal situation that will allow you to demonstrate satisfactory academic progress the next semester you attend Amarillo College.
3. Additional documents you want considered by the Financial Aid Office (ex: medical statement, hospital records, police reports, obituaries, etc) that support my extenuating circumstances.
4. I will follow the academic plan created in Registration Hub and will meet and maintain academic progression.

Your Suspension Review Request will be reviewed by a Financial Aid Tem member and an answer provided via your student email within one week. If you have any questions regarding the status of your review, you can contact our office at 806-371-5000 or by email at financial@actx.edu.

Student Signature _____

Date _____