



**Amarillo College**

Financial Aid Office  
Suspension Review Request

Student ID # \_\_\_\_\_

Academic year \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

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 Review Committee will process my statement and attached documentation in determining my eligibility for reinstatement of my financial aid eligibility. **I understand I will be notified by mail of the Review Committee's decision within 30 days of submitting my suspension review request to the Financial Aid Office.**

*Reason for requesting a review:*

\_\_\_\_\_ Previously on suspension, however, I have now achieved a 67% cumulative completion rate and have at least a 2.0 cumulative GPA. I anticipate graduating from AC in \_\_\_\_\_ (semester & year).  
(No additional documentation is needed.)

\_\_\_\_\_ I did not meet the terms of my professional judgment contract.

\_\_\_\_\_ Not meeting satisfactory progress for 2 consecutive semesters  
(Did not achieve a 67% cumulative completion rate and/or maintained less than a 2.0 cumulative GPA)

\_\_\_\_\_ Maximum Time Frame or mathematically unable to complete my degree plan before exceeding maximum time frame

*I must submit the following documents for my Suspension Review to be processed:  
(Incomplete review requests will not be processed)*

**For failure to meet contract terms or satisfactory progress for 2 consecutive semesters, please attach the following:**

1. A **typed** personal statement explaining the situation(s) which prevented me 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 my personal situation that will allow me to demonstrate satisfactory academic progress the next semester I attend Amarillo College.
3. Additional documents I want considered by the Review Committee (ex: Dr's statement, hospital records, police reports, obituaries, etc) that support my extenuating circumstances. These documents must be submitted with my review request.

**For maximum time frame or mathematically unable, please attach the following:**

1. A **typed** statement explaining why I have excessive attempted hours at AC; if applicable, an explanation of any recent academic problems for dropped or failed classes, and an explanation as to how my personal situation will allow me to successfully complete my degree plan.
2. A **copy of my academic plan**. The academic plan is available at [www.actx.edu/fin](http://www.actx.edu/fin). (I must schedule an appointment with my academic advisor to develop an academic plan. This plan will detail each semester's enrollment needed to fulfill my degree requirements and graduate. The plan will be signed by my academic advisor and myself)

Suspension Review Request and documents may be submitted to the Financial Aid Office in person or faxed to (806) 371-5371.

**All information on this form and the attached documents is true and complete to the best of my knowledge.**

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

Date \_\_\_\_\_

Amarillo College does not discriminate on the basis of race, color, national origin, sex, religion, or disability in its educational programs, activities, or employment policies.