



Rose State College
Office of Student Financial Aid
6420 SE 15th Street
Midwest City, Oklahoma 73110
Phone (405) 733-7424 Fax (405) 736-0359
Website <http://www.rose.edu> Email finaid@rose.edu

Academic Progress Appeal Form/Academic Plan Worksheet

Student Name: _____ RSC Student ID#: _____

Semester you are requesting aid: (circle only one): Fall Spring Summer Year: _____

After reviewing the RSC Satisfactory Academic Progress Policy (SAP) www.rose.edu/academic-progress-policy you must decide if you meet the criteria to appeal your Financial Aid Exclusion status.

The appeals process requires you:

1. Attach to this Appeal Form/Academic Plan Worksheet a **TYPED** statement explaining the following:
 - A) The extenuating circumstances that prevented you from meeting the Satisfactory Academic Progress Standards (SAP). You should address *all* semesters that caused you to lose financial aid eligibility AND
 - B) What has changed to allow you to meet SAP at the next evaluation?
2. Attach third party documentation to support the extenuating circumstances as stated in your appeal. **Appeals submitted without documentation will be denied.**
3. Complete the **Academic Plan Worksheet**. If you need assistance completing the Academic Plan Worksheet please contact your Academic Advisor. The Academic Plan Worksheet should be completed through the semester of your expected graduation from RSC. **Appeals submitted without a completed Academic Plan Worksheet will be denied.**
4. Return your completed appeal form to the RSC Office of Financial Aid and Scholarships, Student Services Building Room 200.

Appeals must be submitted before the close of business on Thursday of the 2nd week of the semester for which you are appealing for reinstatement of aid. Appeals submitted after this time period will be considered for the next semester of attendance. Incomplete appeals (no statement, no Academic Plan worksheet, missing documentation, etc.) will be denied and are not eligible for additional review. Review of appeals may take up to 2 weeks to complete.

HAND WRITTEN STATEMENTS WILL NOT BE ACCEPTED AND WILL BE DENIED.

CERTIFICATION

I understand that the decision of the Financial Aid Appeals Committee may be continued exclusion status. If aid is granted based on this appeal, it will be for only one semester with future aid contingent on academic performance during the semester. **I understand that the decision of the committee is final and that decision cannot be appealed.**

Student Signature

Date



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Academic Plan Worksheet

THIS PORTION OF THE FORM MAY NEED TO BE COMPLETED WITH YOUR ACADEMIC ADVISOR. PLEASE COMPLETE EVERY ITEM OR THIS FORM WILL BE CONSIDERED INCOMPLETE AND WILL DEALY THE PROCESS OF YOUR APPEAL.

Student Name: _____ **RSC Student ID#:** _____

Current Degree Plan: _____ **Graduation Date:** _____

Fill in one box for each semester that you have yet to complete towards your indicated degree plan. You must enroll for only classes that are necessary to complete your program. Please keep a copy of this Academic Plan Worksheet for your records.

| Semester: | Year: |
|------------------|----------------------------|
| Course: | Credit Hours: |
| | TOTAL CREDIT Hours: |

| Semester: | Year: |
|------------------|----------------------------|
| Course: | Credit Hours: |
| | TOTAL CREDIT Hours: |

| Semester: | Year: |
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| Course: | Credit Hours: |
| | TOTAL CREDIT Hours: |

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| Semester: | Year: |
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| Semester: | Year: |
| Course: | Credit Hours: |
| | TOTAL CREDIT Hours: |

| | |
|------------------|----------------------------|
| Semester: | Year: |
| Course: | Credit Hours: |
| | TOTAL CREDIT Hours: |

I plan to graduate from RSC _____ (semester/year) and have _____ credit hours remaining to finish this degree.

I have completed the above requested information to the best of my knowledge and I know this information will be used when evaluating my financial aid appeal request.

Student Signature

Date

Return completed appeal by deadline date to:

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