

Exemption/Waiver Appeal

Name: (Last, First)		Student ID:	
Phone:		E-Mail Address:	
Mailing Address:			
<p><i>What factors contributed to you not being able to make Satisfactory Academic Progress? Check the reason for filing this appeal:</i></p> <p>_____ Due to a severe illness or debilitating condition.</p> <p>_____ I was responsible for the care of a sick family member</p> <p>_____ I was on active duty or other service in US Armed Forces or Texas National Guard</p> <p>_____ Due to a different case not listed above.</p> <p>***** Documentation must be provided with this appeal that meets the reason you checked above *****</p>			
Explain how the situation marked above affected your Academic Progress and/or GPA			
<p><i>I certify that the information and supporting documentation provided with this form is true and correct and that I have not enrolled at NCTC for the sole purpose of receiving Title IV credit balance refunds. I also understand that it may take up to 30 days to receive a decision concerning this appeal.</i></p>			
Signature: (electronic signatures are NOT accepted)		Date:	
FINANCIAL AID OFFICE USE ONLY			
Date Approved:		Date Denied:	
Date Received:		Term Approved:	
POISE CODES <input type="checkbox"/>	COMMENTS <input type="checkbox"/>	AWARDED <input type="checkbox"/>	DATE LETTER SENT: OFA OFFICER: