

# NORTHPOINT BIBLE COLLEGE

320 South Main Street, Haverhill, MA 01835 Phone: (978) 478-3422 Fax: (978) 478-3428

## Appeal for Reinstatement of Financial Aid Eligibility

Please Print:

Student: \_\_\_\_\_ SSN: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

You were placed on financial aid suspension based on our published Satisfactory Academic Progress (SAP) policy. The Higher Education Act of 1965, as amended, states that a student must be maintaining satisfactory progress in the course of study he/she is pursuing according to the standards and practices of the institution in which he/she is enrolled in order to receive student financial aid under the programs authorized in Title IV of the Act.

The Office of Financial Aid may make exceptions to the requirement if you can demonstrate your failure to meet the minimum standard was caused by mitigating circumstances. A successful appeal must be a well-written statement which provides evidence of a mitigating circumstance which adversely affected your academic performance during the school year.

### Appeal Instructions:

- Complete the front and reverse side of this form and attach a letter explaining the mitigating circumstance and how it prevented you from making satisfactory academic progress. Follow the instructions for the category that applies to you. Failure to adequately prepare oneself for class assignments or exams is not considered to be a justifiable reason to grant an exception to financial aid eligibility suspension.
- Submit the appeal to the Financial Aid Director for consideration no later than **30 days** before the start of the semester.
- Attach documentation to support the appeal at the time the appeal is submitted.

Please check the category which applies to you and follow the instructions for that category. Be sure to attach supporting documentation; failure to supply requested documentation will only delay your appeal process.

\_\_\_\_\_A. **Family emergency (death or other extenuating circumstances)** such as a parent, spouse, brother, sister, child or grandparent. Please attach a photo copy of the death certificate. Extenuating circumstances may require other documentation.

\_\_\_\_\_B. **Extended illness (physical or mental), injury or hospitalization.** You, your spouse, or your children were ill, injured, or hospitalized for an extended period of time. Please attach a statement from your physician or mental health doctor and include the dates and the nature of the illness/injury.

\_\_\_\_\_C. **Documented Learning Disability** paperwork must already be on file in the Office of Admissions and Records.

I hereby attest the statements appearing on this form and attached documents are accurate and truthful.

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

\_\_\_\_\_  
Date



