



Fletcher Technical Community College
Office of Student Affairs
Request for Appeal Form

Student's Name: _____ Student's SSN: _____

Telephone # (between the hours of 8 a.m. and 4 p.m.): (____) _____

Please indicate the semester and year for which you are requesting reinstatement:
Fall Spring Summer

Why are you completing this appeal?
To appeal the loss of my financial aid so that I do not have to self-pay
To appeal academic suspension so that I may attend school for the semester stated above

Student's signature: _____ Date: _____

You must complete all questions below. Do not discuss your need for financial aid (if applicable) as part of your rationale for reinstatement.

1. Explain the circumstances that caused you to fail to maintain satisfactory academic progress during the year and the reasons for the basis of this appeal. Be as detailed as possible:

A. What was the situation that caused you to not maintain SAP?

Blank lines for answer A

B. When did the problem occur?

Blank lines for answer B

