



Big Bend Community College
FINANCIAL AID APPEAL MAXIMUM TIMEFRAME

Last Name _____ First Name _____ MI ____ SSN _____

Phones (____) _____ Email: _____ Student ID No _____

Street Address _____ Apt No. _____

City _____ State _____ ZIP _____

Instructions:

- Check the Appeal Category below. You must attach the required documentation. Complete the back of this Appeal. Incomplete Appeals cannot be reviewed.
- Note: If approved, you will only be allowed to enroll in courses required for you to graduate from BBCC OR complete the Pre-requisites for acceptance at another college.
- Return form and all documentation to:

Big Bend Community College
Financial Aid Office
7662 Chanute St NE
Moses Lake, WA 98837
 or
Fax: 509.762.3648

Appeal Category.

- BBCC Degree or Certificate: Meet with your advisor, or a counselor in the Counseling Office, to complete a Degree Audit or Professional/Technical Program Plan which will outline the number of credits you need to complete your degree/certificate. Attach the signed Degree Audit or Professional/Technical Program Plan.
- Pre-Requisites to be **accepted** into a degree program at **another** college: If you are requesting financial aid to complete pre-requisites at another college, attach a copy of the college catalog or webpage that identifies the BBCC courses that match the requirements.

NOTE: You cannot receive financial aid for courses required to **graduate** from another college.

BBCC Degree/Certificate requesting _____

Based on the documentation: Number of quarters (include current quarter) _____

Estimated BBCC grad date _____ Number of credits per quarter _____

Quarter/Year requesting aid (enter the year: example: Summer 2018)

Summer _____ Fall _____ Winter _____ Spring _____ Number of credits per quarter _____

Summer _____ Fall _____ Winter _____ Spring _____

Did you transfer credits to BBCC that apply to your current degree/certificate? Yes No

Will you transfer to another college/university after you leave BBCC? Yes No

If yes, enter the name of the college or university _____

Enter the degree or major _____

Explain the extenuating circumstances that prohibited you from completing your BBCC degree/certificate within the maximum timeframe.

Student Signature

Date

OFFICE USE ONLY

MISSING: Counselor Review Pre-Requisites Incomplete

Which Degree _____ OR _____

CURRENT CREDITS _____ **REMEDIAL CREDITS** _____ **CREDITS NEEDED** _____

APPROVED: Quarter/YR _____ Grad _____ Financial Aid Plan _____

Financial Aid Plan Requirements: **Hold:** Drop Courses _____

Review credits quarterly _____ BBCC Repay _____ Credits per quarter _____

DENY: _____ Quarter/YR

- | | | |
|--|---|---|
| <input type="checkbox"/> 3 Appeals (KT) | <input type="checkbox"/> 2 Degrees/3 Attempted (KB) | <input type="checkbox"/> Repay/Default (KR) |
| <input type="checkbox"/> Access (KA) | <input type="checkbox"/> Mathematically not possible (KM) | <input type="checkbox"/> Pace of Progression (KP) |
| <input type="checkbox"/> Fail Academic Plan (KF) | <input type="checkbox"/> 5 Credits (K5) | <input type="checkbox"/> 6 th Qtr GPA (K6) |
| <input type="checkbox"/> Qtrs Attempted (KQ) _____ | Qtrs Completed _____ <input type="checkbox"/> GUR (KG) | <input type="checkbox"/> Academic Suspension |

Financial Aid Review

Date