

## Financial Aid Office

6420 SE 15<sup>th</sup> St • Midwest City, OK 73110 • Student Services Building, Room 200  
 Phone: (405) 733-7424 • Fax: (405) 736-0359 • Email: [finaid@rose.edu](mailto:finaid@rose.edu)

### Exclusion Appeal Form/Academic Plan Worksheet

**Student Name:** \_\_\_\_\_ **RSC Student ID#:** \_\_\_\_\_  
 Semester you are requesting aid: (choose only one)      Fall      Spring      Summer      Year: \_\_\_\_\_

***You must be currently enrolled in the semester you are appealing and all financial aid items on your OASIS Student Center To-Do List must be completed before you are eligible to submit an appeal.***

*After reviewing the RSC Satisfactory Academic Progress Policy (SAP) [www.rose.edu/academic-progress-policy](http://www.rose.edu/academic-progress-policy), you must decide if you meet the criteria to appeal your Financial Aid Exclusion status. Please note, a student is allowed to submit only two exclusion appeals. If you are placed on Financial Aid Exclusion for the third time (or more) or a previously submitted appeal was denied by our office, you are not eligible to appeal and must meet RSC SAP standards*

*before aid eligibility can be determined. **\*\*\*APPEALS SUBMITTED WITHOUT DOCUMENTATION WILL BE DENIED.\*\*\****

**Mark the extenuating circumstance(s) below for which you are appealing:**

**COVID-19:** Illness of student or immediate family member, or extreme difficulty dealing with quarantine period.

- Submit any of the following for documentation: travel records, confirmation of contact with doctor or counselor, proof of moving expenses, layoff notice from employer, or a signed letter from at least one individual explaining how the coronavirus outbreak hindered your academic ability.

**Medical:** Illness/injury of student or an immediate family member.

- Submit a signed statement on letterhead from the person's health care provider attesting to the medical condition and dates of treatment or other documentation that verifies the medical condition.

**Mental Health:** Depression, anxiety, or other mental health concern for which professional assistance was sought.

- Submit a signed statement on letterhead from a health care provider confirming diagnosis and dates of treatment or other documentation that verifies the mental health condition.

**Death of Immediate Family Member or Person With Whom You Had a Close Relationship**

- Submit a copy of the obituary or death certificate and specify your relationship with the deceased.

**Extreme Emotional Distress:** Legal issues, divorce/separation, roommate conflict, eviction, bankruptcy, etc.

- Submit a signed statement on letterhead from a professional such as an attorney, credit counselor, employer or other professional corroborating your situation and how it impacted your academic progress. Note: Working too many hours to pay bills is not an acceptable reason for an appeal.
- **Other:** Please provide the details of your appeal on page 2 of this form. You MUST attached third party documentation. All personal statements should be typed, dated and signed by the individual making the statement.

**Return your completed and signed appeal form, documentation and Academic Plan Worksheet to the RSC Financial Aid Office by the following deadlines.**

- ✓ **Fall or Spring Appeals** must be submitted before the close of business on **THURSDAY** of the **FIRST week** of a fall/spring semester.
- ✓ **Summer Appeals** must be submitted before the close of business on **THURSDAY** of the **FIRST week** of the 8 week session.

***I understand the decision of the Financial Aid Appeals Committee is final and cannot be appealed. If my exclusion appeal is approved, approval will be for only one semester with future aid contingent on my academic performance during the semester.***

**➔ STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_

RSC ID#: \_\_\_\_\_

Type your appeal in the space below. Provide a detailed explanation of the circumstance(s) that negatively impacted your academic performance during ALL semesters (including transfer work) in which you did not meet the SAP requirements. Include all relevant dates and provide specific examples, if applicable. Do not leave this section blank.

Student Name: \_\_\_\_\_

RSC ID#: \_\_\_\_\_

Explain what steps you've taken to resolve the circumstances that caused your financial aid exclusion by answering the following questions. ***Do not leave these questions blank or your appeal will be denied.*** If you need more room to answer any of these questions, you may continue on page 4.

How has your situation improved or resolved?

Why are you confident that these circumstances will not continue to affect your academic performance?

What resources do you plan to utilize to ensure your future success?

Student Name: \_\_\_\_\_

RSC ID#: \_\_\_\_\_

Use this page only if you need more room to answer any of the questions from page 2 or 3



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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 DELAY THE PROCESS OF YOUR APPEAL.*

**Student Name:** \_\_\_\_\_ **RSC Student ID#:** \_\_\_\_\_

**Current Degree Plan:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

***DIRECTIONS:*** Beginning with your current semester's enrollment, complete one grid per semester listing the courses you still require to graduate.

\*\*Please fill out in Blue or Black Ink only\*\*

Semester:	Year:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

Semester:	Year:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

Semester:	Year:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

<b>Semester:</b>	<b>Year:</b>
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
Course:	Credit Hours:
	<b>TOTAL CREDIT Hours:</b>

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

**Return completed appeal AND DOCUMENTATION by deadline date to:**

**Rose State College**  
**Financial Aid Office, SSB Room 200**  
 6420 SE 15<sup>th</sup> Street  
 Midwest City, Oklahoma 73110  
**Phone (405) 733-7424 Fax (405) 736-0359 [finaid@rose.edu](mailto:finaid@rose.edu)**

**RSC FINANCIAL AID - OFFICE USE ONLY**

**Appeal Approved: Probation** \_\_\_\_\_ **semester**

**Appeal Approved: Plan** \_\_\_\_\_ **semester through** \_\_\_\_\_ **semester.**

**Appeal denied:** \_\_\_\_\_

**FAO Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_