

## FINANCIAL AID OFFICE



### Financial Aid Appeal Form (Federal and State)

Appeals must be submitted to the Financial Aid Office no later than the **first day of the semester the student is requesting aid be reinstated**. Late or incomplete appeals will not be accepted and/or reviewed by the Appeals Committee. Once a decision has been reached on your Appeal you will be notified by the Financial Aid Office via your NNMC email account.

A student that does not meet the academic renewal criteria for the New Mexico Lottery Scholarship, Opportunity Scholarship and/or Federal Aid is given the chance to appeal based on mitigating circumstances beyond the student's control. Mitigating circumstances include a serious health condition, the death or serious health condition of an immediate family member or a traumatic/extraordinary event. Mitigating circumstances do not include college adjustment, problems with instructors, difficult course load, misunderstanding of scholarship requirements, etc. Please note that mitigating circumstances does not guarantee approval of this scholarship appeal.

#### APPEALS WILL NOT BE ACCEPTED OR PROCESSED WITHOUT DOCUMENTATION

Name: _____		Banner ID: _____	
Student Email: _____		Phone: _____	
<input type="checkbox"/> Federal Aid	<input type="checkbox"/> Lottery	<input type="checkbox"/> Opportunity	(Check all that apply)
Next Enrolled Term (Example: Fall 2025) _____			

Indicate the reason for the appeal (You can select more than one):

- ☐ Serious health condition
- ☐ Death or Serious Health Condition of immediate family member Traumatic/extraordinary event
- ☐ Other – please describe below


#### **\*\*Please provide the following information: \*\***

- ⇒ Attach a typed, or neatly hand-written letter explaining why you have not met the minimum criteria to retain your scholarship, and what actions you have taken to correct the situation.
- ⇒ Enclose supporting documentation to support your selected reason above (examples: documentation from medical doctors, death certificate, obituary etc.) **Failure to provide information will result in appeal being denied.**

### STUDENT CERTIFICATION

I understand that appeal decisions are made on a case-by-case basis and that the submission of this form does not constitute an approval of my appeal. I understand that if my appeal is granted, I will be placed on probation for one semester, and I will be responsible for paying my tuition while on probation. I certify the information on this Scholarship Appeal Form, my appeal letter, and any supporting documentation are accurate, true, and complete to the best of my knowledge. I realize that a final decision may not be made unless all steps above are complete and until I submit any additional requested information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Documentation Received: \_\_\_\_\_ Prior Appeal: YES ☐ NO ☐

Semester approved or denied: \_\_\_\_\_

# of Hours Completed (Appeal Semester) \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Degree: \_\_\_\_\_

Grade History:

Decision: **APPROVED** ☐ **DENIED** ☐

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:


REVISED 6/2025