

**GARDEN CITY COMMUNITY COLLEGE
FEDERAL FINANCIAL AID SATISFACTORY PROGRESS
ACADEMIC PLAN**

Student Name _____ **GCCC ID** _____

In conjunction with your appeal for reinstatement of your federal Financial Aid, you are on an Academic Plan to make Satisfactory Academic Progress. **This form must be returned to the Financial Aid Office within 7 days of receipt.** To continue to receive financial aid you must agree to the following requirements:

Categories could include:

- **Limit your enrollment to _____ credit hours per semester.**
- **Required: Maintain a semester GPA greater than or equal to a _____ each semester)—OR--Earn a grade of “C” or better in all classes attempted**
- **Have fewer than _____ absences from all classes each semester.**
- **Required: Complete _____ % of attempted courses each semester. .**
- **Repeat _____
(specific courses)**

CONTRACT STATEMENT:

I have read the above requirements and I understand what I must do to remain eligible for aid. Failure to meet the conditions outlined above will result in Financial Aid Denial and make me ineligible for further federal financial assistance at Garden City Community College.

By signing this statement, I am attesting that I understand the statement above; I understand I am on an Academic Plan. I understand that I will not be eligible to receive any federal financial assistance (i.e. Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Federal Work Study, Federal Stafford Loans, etc.) should I break the terms of this agreement.

SIGNATURE

DATE

*2.0 cumulative GPA and 67% pace (all completed hours / all attempted credit hours)