

2019-2020 - Appeal for Reinstatement of Pell Grant and/or MN State Grant Funding



DAKOTA COUNTY TECHNICAL COLLEGE

1. Student Information

Name: _____ Student ID: _____

Address: _____

E-Mail Address: _____ Telephone: _____

Total Registered Credits: _____ Semester of Appeal: _____

Pell Grant / MN State Grant: "Census Date"

Your Pell Grant and MN State Grant awards are calculated based on your registration as of the Pell Grant / MN State Grant census date for the term. Your Pell Grant and MN State Grant will not be automatically adjusted for additional course registrations that take place after this date. If you register or modify your course schedule after the Pell Grant / MN State Grant census date, you may appeal to have your Pell Grant and/or MN State Grant eligibility reviewed. Examples of valid circumstances for an appeal include, but are not limited to: a course section change occurring after add/drop date, college initiated registration error, submission of internship paperwork that was provided before the add/drop date, but not processed until after the add/drop date.

2. Appeal for Reinstatement of Pell Grant and MN State Grant Requirements

You Must Attach BOTH of the following items:

- Attach a statement which fully explains your reasons for registering for additional classes after the Pell Grant / MN State Grant census date has passed and any circumstances that caused your late registration.
• Attach at least one document that supports your appeal (such as 3rd party statements, email, or written documents).

Decisions will be communicated in writing by USPS within 30 business days. Insufficient documentation and/or incomplete forms will be returned to you and will delay processing. If this appeal is denied, because you do not have sufficient cause or documentation to support your appeal for reinstatement of Pell Grant and/or MN State Grant funding, you will not receive additional funding and you will be required to pay any outstanding balance of tuition, fees, and miscellaneous charges on your student account.

I understand that I am required to pay any existing balance owed to Dakota County Technical College if this appeal is denied. I understand that it is a violation of both Federal and State laws, as well as the college's Code of Conduct, to purposefully provide false or misleading information to agents of the college in connection with my application for financial aid.

Signature: _____ Date: _____

Please return this appeal, statement and documentation to:

Office of Scholarships and Financial Aid
Dakota County Technical College
1300 145th Street East
Rosemount, MN 55068

Phone: 651-423-8299
Fax: 651-423-8779
email: finaid@dctc.edu

Office Use Only
Approved _____ Denied _____ Comments _____
Authorized Signature _____ Date _____