

RETURN TO:

FINANCIAL AID OFFICE

LOS MEDANOS COLLEGE
2700 EAST LELAND ROAD
PITTSBURG, CA 94565

Name of Financial Aid Applicant (Please print)

Last

First

Middle

LMC Student ID: _____

Phone # _____

2013 – 2014 STUDENT APPEAL FORM

- Please answer each question carefully and completely. **Submit all requested documents at one time along with an Educational Plan.** The information you provide on this appeal will be used to determine your eligibility to receive financial aid at LMC (appeal process may take up to eight weeks depending on volume of appeals).
- ****ALL APPEAL STUDENTS ARE REQUIRED TO COMPLETE AN EDUCATIONAL PLAN, IF YOU DO NOT HAVE A CURRENT EDUCATIONAL PLAN, PLEASE SCHEDULE AN APPOINTMENT WITH AN ACADEMIC COUNSELOR.** Please ensure your educational plan is posted on WebAdvisor.
- **For Financial Aid Suspension only, you must also complete a Financial Aid Suspension Workshop and pass a quiz.** Complete the Satisfactory Academic Progress Workshop and Quiz at <http://www.losmedanos.edu/student-services/financial-aid/sap.asp>
- You will be notified via your InSite email if you (1) need to retake the quiz or (2) if you've passed the quiz. Once you have passed the quiz you will be notified to submit your appeal, educational plan and supporting documents. When submitting your appeal make sure to include supporting documentation (doctor's statement, police report, death certificates, documents pertaining to your circumstances.) **Your appeal will not be accepted without an ed plan, supporting documents or before you have passed the SAP quiz.**
- **Note: You must obtain an up-to-date copy of your educational plan and successfully complete the Satisfactory Academic Progress Quiz before submitting this appeal to the Financial Aid Office. Failure to submit all documentation or comply with all terms of the appeal policy will result in denial of your appeal.**

1. Term for which you are requesting financial aid: Summer 2014 _____

Submission Dates	Deadline Dates
All Appeals – June 11, 2014	All Appeals – July 7, 2014
SAP Online Quiz – June 9, 2014	SAP Online Quiz – July 7, 2014

2. Reason(s) for this appeal:

- Excess Units (Maximum units allowed for federal funding)
- Financial Aid Suspension (as defined by the Satisfactory Academic Progress Policy i.e. 2.0 GPA or 67% completion)
- Other College Units/Degrees

3. Explain your circumstances below, which made it difficult **(must be unusual and beyond your control)** for you to meet Satisfactory Academic Progress requirements. **(Attach additional sheets if necessary and provide documentation)**

4. Explain your resolution to your extenuating circumstance. **(Attach additional sheets if necessary and educational plan)**

I CERTIFY THAT ALL STATEMENTS AND /OR SUPPORTING DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT'S SIGNATURE: _____

DATE: _____

COUNSELING USE ONLY**Dear Counselor:**

Financial Aid students are required to be enrolled in a program (one active major and educational goal) that leads to a degree, a certificate or courses that transfer to a four year institution. In addition, a student must complete 67% of the course work attempted and maintain a 2.0 GPA each semester. Fifty percent of the completed course work must be applied toward their major, including degree applicable units from other colleges. Please assist the student with his/her educational plan for submission to the financial aid office and complete the certification below.

1. **Declared LMC Major:** _____
 - a. Of college courses taken, can 80% be applied towards an AA/AS, certificate, or transfer program at LosMedanosCollege? ___Yes ___No
 - b. Are 50% of LosMedanosCollege courses taken withdrawals? ___Yes ___No
2. **LMC Objective** (educational goal, please circle one): (A) AA/AS Degree & Transfer (B) Vocational Degree, or (C) Certificate.
3. Number of Completed Units in AA/AS Degree and/or Certificate and/or Transfer Program _____
4. **Nursing Program Only:** Has the student been accepted into the Nursing Program. ___Yes ___No
5. Anticipated Graduation/Completion date at LosMedanosCollege. _____Month _____Year
6. Does the student have more than 90 College Credits ___Yes ___No
7. Number of Remedial Units Taken _____

COUNSELOR COMMENTS: _____

COUNSELOR SIGNATURE: _____ **DATE:** _____

OFFICE OF FINANCIAL AID USE ONLY

TYPE OF APPEAL: ☐ EXCESS UNITS (MAXIMUM TIME FRAME) ☐ SUSPENSION ☐ OTHER

APPEAL DECISION – Indicate approved or denied and student's precise status for this term.

DATE OF SUSPENSION WORKSHOP ATTENDED: _____

STATUS AND FOLLOW UP, IF ANY: _____

IF DENIED, STATE REASON: _____

☐ APPROVED ☐ DENIED **FINANCIAL AID DIRECTOR SIGNATURE:** _____

☐ STUDENT NOTIFIED BY MAIL **FASTAFF** _____ **DATE:** _____