

## 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
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LMC Student ID: \_\_\_\_\_

Phone # \_\_\_\_\_

## 2014– 2015 FINANCIAL AID APPEAL FORM

***Instructions:*** Please complete all items outlined below before submitting this appeal form to the Office of Financial Aid. You must answer each question carefully and completely, and submit all requested documents at one time. 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. ***Failure to submit all documentation or comply with all terms of the appeal policy will result in denial of your appeal.*** Students will be limited to submitting one (1) appeal per semester. All decisions made by the Appeal Committee are FINAL.

1. Term for which you are requesting financial aid

Term (Check ONE)	Appeal Deadline Date (No Exceptions)
<input type="checkbox"/> Fall 2014	<b>November 3, 2014</b>
<input type="checkbox"/> Spring 2015	<b>April 6, 2015</b>
<input type="checkbox"/> Summer 2015	<b>July 1, 2015</b>

2. Reason(s) for this appeal:

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

3. **For Financial Aid Suspension only:** You must complete a Financial Aid Suspension Online 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, along with supporting documents. **Your appeal will not be accepted if you fail to pass the SAP quiz.**

4. **For Excess Unit Suspension only:** You must meet with an academic counselor and have the second page of this appeal form completed.

5. 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 uploaded by your counselor on InSite Portal. The Appeal Committee will review your educational plan on InSite Portal. If an educational plan cannot be found by the Appeal Committee, your appeal will be considered ***incomplete*** and be denied for review. You may also elect to attach a printed copy of your updated educational plan to this appeal form.

6. Provide a Personal Statement that addresses the following key points:

- a. Explain your extenuating circumstances, which made it difficult for you to meet Satisfactory Academic Progress requirements (circumstances must be beyond the student's control) . You must attach supporting documentation to this appeal form (i.e. doctor's statement, police report, death certificates, other documents pertaining to your circumstances)
- b. Explain your resolution to your extenuating circumstance.

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 **APPEAL COMMITTEE MEMBER SIGNATURE** \_\_\_\_\_

APPROVED  DENIED **APPEAL COMMITTEE MEMBER SIGNATURE:** \_\_\_\_\_

APPROVED  DENIED **APPEAL COMMITTEE MEMBER SIGNATURE:** \_\_\_\_\_

**STUDENT NOTIFIED BY EMAIL** **FASTAFF** \_\_\_\_\_ **DATE:** \_\_\_\_\_