RETURN TO:
FINANCIAL AID OFFICE
LOS MEDANOS COLLEGE
2700 EAST LELAND ROAD
PITTSBURG, CA 94565

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

<table>
<thead>
<tr>
<th>Term (Check ONE)</th>
<th>Appeal Deadline Date (No Exceptions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2014</td>
<td>November 3, 2014</td>
</tr>
<tr>
<td>Spring 2015</td>
<td>April 6, 2015</td>
</tr>
<tr>
<td>Summer 2015</td>
<td>July 1, 2015</td>
</tr>
</tbody>
</table>

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


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: ________________
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: ____________________________

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☐ STUDENT NOTIFIED BY EMAIL FASAFF __________________________ DATE:___________________