

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 # _____

2016– 2017 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 2016	November 1, 2016
<input type="checkbox"/> Spring 2017	April 3, 2017
<input type="checkbox"/> Summer 2017	July 5, 2017

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 Online Module and take a quiz. Complete the Satisfactory Academic Progress Online Module and Quiz at <http://www.atschoolorientation.net/losmedanos/fa>

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.

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). Failure to do so will result in an automatic denial of your appeal.**

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 LMC 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 Los Medanos College? ____ Yes ____ No
 - b. Are 50% of Los Medanos College 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 Los Medanos College. ____ Month ____ Year
6. How many units remaining to complete graduation or transfer requirements? _____
7. Does the student have more than 90 College Credits ____ Yes ____ No
8. 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:** _____
☐ NOTIFIED BY EMAIL FASTAFF _____ **DATE:** _____