

## 2018– 2019 FINANCIAL AID APPEAL FORM

**Instructions:** Complete all items outlined below before submitting this appeal form to the Office of Financial Aid. Be thorough as the information provided on this appeal will determine your eligibility to receive financial aid at LMC. The 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.**

Reason for Appeal:	Term (Check ONE)	Appeal Deadline Date (No Exceptions)
<input type="checkbox"/> Exceeded 150% of the unit requirement of my declared major. (Maximum Time Frame)	<input type="checkbox"/> <b>Fall 2018</b>	<b>October 29, 2018</b>
<input type="checkbox"/> Financial Aid Suspension (as defined by the Satisfactory Academic Progress Policy i.e. 2.0 GPA or 67% completion)	<input type="checkbox"/> <b>Spring 2019</b>	<b>April 08, 2019</b>
<input type="checkbox"/> Earned a Bachelor’s Degree or higher (Eligible for loans only)	<input type="checkbox"/> <b>Summer 2019</b>	<b>July 15, 2019</b>

1. **For Financial Aid Suspension only:** You must complete the Satisfactory Academic Progress (SAP) Online Module and take a quiz at <http://www.onlineorientation.net/losmedanos/fa>. All appeal students must have an Educational Plan completed and archived by a counselor on InSite Portal.

2. **For MTF (Maximum Time Frame) Suspension:**

You must meet with an academic counselor and have the second page of this appeal form completed. All MTF appeal students must have a **comprehensive Educational Plan completed and archived by a counselor on InSite Portal.** Your educational plan must include the courses that you are enrolled in for the current semester and reflect only the courses that are required to complete your program of study. If you do not have a **current** educational plan, please schedule a **one hour appointment** with an academic counselor. If an educational plan cannot be found by the Appeal Committee on InSite Portal, your appeal will be considered **incomplete** and be denied.

3. **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 beyond the student’s control). **You must attach supporting documentation to this appeal form (i.e. doctor’s statement, police report, death certificates, and 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. What steps have you taken (or are you planning to take) to help you meet satisfactory academic progress in the future?

I certify that: (Please initial each statement)

- \_\_\_\_\_ I acknowledge that I have read and understand the CCCCD SAP Policy.
- \_\_\_\_\_ I understand that I am ineligible for financial aid unless my appeal is approved.
- \_\_\_\_\_ All statements and/or supporting documentation are true and correct to the best of my knowledge.
- \_\_\_\_\_ I understand that further documentation may be requested if needed to reach a decision.
- \_\_\_\_\_ Once a decision has been made, I will be notified via *Insite* email.
- \_\_\_\_\_ I understand the appeal process can take from 6-8 weeks.
- \_\_\_\_\_ I understand that if my appeal is approved, I must maintain at least a 2.0 GPA each semester and cumulatively, and complete at least 67% of all units attempted each semester.

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**

**NOTE TO COUNSELOR:**

- Student's educational plan must only include courses required to complete educational goal.
- Student should only enroll in courses included on the educational plan. A student will not be funded for courses not included in the educational plan/required for the declared major.

1. **Declared LMC Major:** \_\_\_\_\_

2. **LMC Objective:**

\_\_\_\_\_ AA/AS Degree & Transfer

\_\_\_\_\_ Vocational Degree

\_\_\_\_\_ Certificate.

3. **Nursing Program Only:** Has the student been accepted into the Nursing Program. \_\_\_\_ Yes \_\_\_\_ No

4. How many units remaining to complete educational goal at LMC including current semester? \_\_\_\_\_

5. When is the student's expected graduation date/last semester at LMC (indicate semester and year)? \_\_\_\_\_

**COUNSELOR COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COUNSELOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE OF FINANCIAL AID USE ONLY**

**TYPE OF APPEAL** \_\_\_\_\_ **MTF (MAXIMUM TIME FRAME)** \_\_\_\_\_ **SUSPENSION**

**SAP ONLINE MODULE COMPLETED** \_\_\_\_\_

**APPEAL DECISION AND COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**NOTIFIED VIA EMAIL** \_\_\_\_\_ **FA STAFF** \_\_\_\_\_