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|  |  **2012-2013** |
| RETURN TO:**Financial Aid Office** Los Medanos College2700 East Leland RoadPittsburg, CA 94565 | **Name of Financial Aid Applicant** (*Please print*)      **Last First Middle****LMC Student ID:**       **Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**2012-2013 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 determine your eligibility to receive financial aid at LMC (appeal process may take up to four 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*** *who will assist you with your educational plan and provide you with information regarding the number of units required for your major and other support services offered on campus. Please ensure your educational plan is posted on WebAdvisor.*

***Please be sure to answer questions 3 and 4.***

***For Financial Aid Suspension only, you must attend a Financial Aid Suspension Workshop in addition to completing this appeal.*** *Please visit and complete the Satisfactory Academic Progress Quiz at http://www.losmedanos.edu/studentservices/finaid/sap.asp*

 *to register for the workshop. When submitting your appeal make sure to include supporting documentation (doctor’s statement, police report, death certificates, documents pertaining to your circumstances.*

***Note: You must have met with your academic counselor and/or attended a Suspension Workshop 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.***

1. Term for which you are requesting financial aid: Fall 2012\_\_\_\_ Spring 2013\_\_\_\_ Summer 2013\_\_\_\_

1. 2. Reason(s) for this appeal:
2. a. \_\_\_\_ Excess Units (Maximum units allowed for federal funding)
3. 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

1.
2. 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)**

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

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I certify that all statements and /or supporting documentation are true and correct to the best of my knowledge.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Of college courses taken, can 80% be applied towards an AA/AS, certificate, or transfer program at Los Medanos College? \_\_\_Yes \_\_\_No
	2. 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. 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 FA Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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