Please use the back of this form to request a Financial Aid Appeal. You may appeal in the following areas:

- If you need more money because there has been a significant change in your income or family situation, you may appeal. You will need to complete this appeal form along with the following documentation to the Office of Financial Aid:
  
  1. Verification Worksheet, including Worksheet A, B and C, along with a signed copy of the most recent Calendar Year Federal Income Tax Return and all attachments (from Student/Spouse and/or Parents/Stepparents), including copies of all W-2's.

  2. For loss of job, or reduction in working hours, by parents/stepparents, spouse or student, submit a letter or lay-off notice from the employer verifying recent year to date earnings, reduction of work hours, and/or dates of employment.

  3. For loss of untaxed income, submit agency's notification of your loss or reduction of untaxed income and present untaxed income eligibility.

- For Dependency Override, submit copies of any documents, which you feel, are pertinent, in order to have your FAFSA (Free Application for Student Aid) processed as an independent student. When submitting your appeal, please submit your FAFSA and complete the application as an independent student. If your appeal is approved, your FAFSA will be returned to you with the proper signature, which in turn, would be mailed to the Federal Student Aid Programs.

- If you have unusual expenses, you may appeal and submit copies of any documents, which you feel, are pertinent. Please explain as complete as possible your appeal on this form and submit it to the Office of Financial Aid.

- If you believe an exception to a rule should be made for you, you may appeal. Please explain as complete as possible your appeal on this form and submit it to the Office of Financial Aid.

IMPORTANT!! Appeals are rarely granted. Your circumstances should be unusual, beyond your control and you should be making a solid effort to be a good student.

HELP IS AVAILABLE: You may see someone at the Office of Financial Aid who will help you decide if you have a good case and answer your questions. It's good to ask before you spend a lot of time writing your appeal.
RETURN TO:
Office of Financial Aid
Los Medanos College
2700 East Leland Road
Pittsburg CA 94565-5197

Name of Financial Aid Applicant (Please print)

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LMC Student I D

Social Security Number: _____________-___________-___________

STUDENT APPEAL FORM
Please describe your appeal. Include specific details and facts and describe exactly what you are requesting. Attach additional pages, if necessary.

_____________________________________________________________________________________
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CERTIFICATION: I (we) certify all information provided to the Office of Financial Aid is accurate to the best of my (our) knowledge. I (we) understand Office of Financial Aid may request additional documents to verify my (our) appeal. If the income projected on this form changes, I am responsible to inform the Office of Financial Aid immediately.

SIGNATURES: The student must sign. Married students must include a spouse's signature. Dependent students must include at least one parent's (or guardian's) signature.

_______________________________________________________ ________________________
STUDENT'S SIGNATURE DATE

_______________________________________________________ ________________________
SPOUSE'S SIGNATURE DATE

_______________________________________________________ ________________________
PARENT'S SIGNATURE DATE

OFFICE USE ONLY

APPEAL DECISION--Indicate approved or denied.

STATUS AND FOLLOW-UP, IF ANY: __________________________________________________________

_____________________________________________________________________________________

IF DENIED, STATE REASON: _____________________________________________________________

_____________________________________________________________________________________

☐ APPROVED ☐ DENIED FINANCIAL AID STAFF SIGNATURE ________________________________

☐ STUDENT NOTIFIED: Method _______________________________ DATE ________________