2003/2004 STUDENT APPEAL FORM

Please answer each question carefully and completely. The information you provide on this appeal will determine your eligibility to receive financial aid at LMC (appeal processing may take up to two weeks).

A completed Counseling Referral Form (signed and dated by a Counselor) must be attached for this appeal to be processed.

1. Semester for which you are requesting financial aid: Summer 2003 __ Fall 2003 __ Spring 2004 __ Summer 2004 __

2. Reason(s) for this appeal:
   a. ___ Academic Concerns at Entry (Cumulative Grade Point Average is less than 2.00)
   b. ___ Excess Units (Maximum units allowed for federal funding)
   c. ___ Financial Aid Suspension
   d. ___ Other _______________________________________________________________________________________

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 supporting documentation, i.e. doctor’s statement, notarized letter from an individual who is aware of your circumstances, etc.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
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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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STUDENT’S NAME _______________________________________ SSN ___________________________ ID __________________

TYPE OF APPEAL:

☐ SAP: ENTRY LEVEL APPEAL  NOTES __________________________________________________________

☐ SAP: Maximum Time Frame  Notes: __________________________________________________________

☐ SAP: Suspension  Notes: _________________________________________________________________

☐ ___________________________________  Notes: _______________________________________________

APPEAL CONSIDERATION--Note situation, factors for and factors against:  NOTES __________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

APPEAL DECISION--Indicate approved or denied and student’s precise status for this term and/or subsequent terms including any conditions or requirements for future assistance.

STATUS AND FOLLOW-UP, IF ANY: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

IF DENIED, STATE REASON: ______________________________________________________________

________________________________________________________________________________________

☐ APPROVED ☐ DENIED  FINANCIAL AID STAFF SIGNATURE ________________________________

☐ STUDENT NOTIFIED: Method _______________________________  DATE _____________________

SECOND LEVEL APPEAL

SECOND LEVEL APPEAL CONSIDERATION NOTES

☐ APPROVED ☐ DENIED  ☐ STUDENT NOTIFIED ☐ FINANCIAL AID OFFICE NOTIFIED

ADMINISTRATIVE STAFF SIGNATURE _______________________________  DATE _____________________