

OTODENT NAME:	
STUDENT ID#:	
SIUDENI ID#	

2019-2020 FINANCIAL AID APPEAL FORM

STUDENT NAME

<u>Instructions:</u> 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 Los Medanos College. The appeal process may take up to eight weeks depending on the volume of appeals. **Failure to submit all documentation or comply with all terms of the Contra Costa Community College Satisfactory Academic Progress (SAP) Policy will result in an appeal denial.** 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)
☐ Maximum Time Frame Suspension – <i>complete sections 1-3</i>	☐ Fall 2019	November 4, 2019
(Attempted more than 150% of the maximum units required		
for completion of my declared major).		
\Box Financial Aid Academic/Progress Suspension – complete sections 1 & 2	☐ Spring 2020	April 27, 2020
(Cumulative GPA below 2.0 and/or progress completion		
below 67%).		
☐ Earned a Bachelor's Degree or higher – complete sections 1-3	□ Summer 2020	August 17, 2020
(Eligible for loans only).		

1. Complete the "Understanding Satisfactory Academic Progress (SAP) and the Financial Aid Appeal Process" online session at http://losmedanos.get-counseling.com/flag-session/19736. Quiz completion date:

2. 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 <u>supporting</u> <u>documentation</u> to this appeal form (i.e. doctor's statement, police report, death certificates, and other documents pertaining to your circumstances). <u>Failure to do so will result in an automatic denial of your appeal.</u>
- 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?

3. For Maximum Time Frame (MTF) Suspension ONLY:

You must meet with an academic counselor and have the second page of this appeal form completed. All MTF students must have a **Comprehensive Educational Plan (CEP) completed and archived by a counselor on InSite.** Your CEP must include the courses 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 CEP*, you must schedule a *one-hour appointment* with an academic counselor. If a CEP cannot be found by the Appeal Committee on InSite, your appeal will be considered *incomplete*/denied.

ALL STUDENT	TS PLEASE ANSWER EACH STATEMENT WITH EITHER A <u>YES</u> OR <u>NO</u> .
I acknowledge	owledge that I have read and understand the CCCCD SAP Policy.
I under	rstand that I am ineligible for financial aid unless my appeal is approved. If approved, I must maintain at least a
2.0 G	PA and complete at least 67% of all units attempted cumulatively.
I ackno	owledge that I have completed all of the requirements outlined above BEFORE submitting my appeal packet to
the Of	ffice of Financial Aid.
I unde	rstand that further documentation may be requested by the committee if needed to reach a decision.
I under	rstand that failure to submit documentation may result in a denial (if applicable).
I acknown	owledge that my appeal has no supporting documents and therefore may be denied (if applicable).
I unde	rstand the appeal process can take between 6-8 weeks, and I will be notified of the decision via InSite email.

DENT'S S vised 1/1				Date:
isca 1, 1		: PLEASE COMPLETE TH	IS FORM FOR MAX	IMUM TIME FRAME STUDENTS ONLY
NOTE	TO COUNSELO	R:		
•	Student must have a Student's CEP must complete his/her pro Student should only	a Comprehensive Educatio t include courses the student ogram of study.	is enrolled in for the	npleted and archived on InSite. c current semester and remaining courses required to plan. A student will not be funded for courses no
1.	Declared LMC Ma	ajor:		
2.	Student's education	onal goal at LMC:		
-	Transfe	r to 4-year college w/ Associ	iate Degree	
-	Transfe	r to 4-year without Associate	e Degree	
-	Earn As	ssociate degree in General Ed	ducation and/or Voca	ational Subject
-	Earn Ce	ertificate of Achievement		
3.	How many units do semester)?	oes the student have remaining to complete his/her educational goal at LMC (include current		
4.	When is the student	t'a avmantad amadustian data	/last samestan at I Mi	C (indicate semester and year)?
Counse	ELOR (PRINT NAME)): 		
Counse	ELOR SIGNATURE:			DATE:
			FINANCIAL AID US	
)F APPEAL:	MTF (MAXIMUM TIM	IE FRAME)	ACADEMIC/PROGRESS SUSPENSION
	AP ONLINE SESSI	ON COMPLETED: YE	S NO	

_DENIED APPEAL COMMITTEE MEMBER:

APPROVED

DATE

AI	PPROVEDDENIED	APPEAL COMMITTEE N	MEMBER:	_DATE
AI	PPROVEDDENIED	APPEAL COMMITTEE N	MEMBER:	_DATE
DATE	NOTIFIED VIA EMAIL	FA STAFF		

Revised 1/10/20