LOS MEDANOS COLLEGE
Office of Financial Aid

NAME _____

ID#_____

2019– 2020 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 Contra Costa Community College Satisfactory Academic Progress (SAP) Policy will result in a 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)
□ Exceeded 150% of the unit requirement of my declared major (Maximum Time Frame).	□ **Fall 2019**	**October 28, 2019**
□ Financial Aid Academic Suspension (i.e. below 2.0 GPA or 67% completion per semester and/or cumulatively).	□ **Spring 2020**	**April 13, 2020**
□ Earned a Bachelor's Degree or higher (Eligible for loans only).	□ **Summer 2020**	**July 20, 2020**

1. **For Financial Aid Academic Suspension only:** You must complete the Satisfactory Academic Progress (SAP) Online Module and take a quiz at http://www.onlineorientation.net/losmedanos/fa.

2. **For Maximum Time Frame (MTF) 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 (CEP) completed and archived by a counselor on InSite Portal.** 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 Portal, your appeal will be considered ***incomplete***/denied.

3. **For All Appeals: 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 by the committee 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 between 6-8 weeks.
_____ I understand that if my appeal is approved, I must maintain at least a 2.0 GPA and complete at least 67% of all units attempted per semester and/or cumulatively.

I CERTIFY THAT ALL STATEMENTS AND /OR SUPPORTING DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT'S SIGNATURE: _____ DATE: _____

COUNSELING : PLEASE COMPLETE THIS FORM FOR MAXIMUM TIME FRAME STUDENTS 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. How many units does the student have remaining to complete his/her educational goal at LMC (include current semester)? _____

4. 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 _____