

## Appeal Procedure

The appeal procedure is as follows:

- 1. Obtain and complete a "Financial Aid Appeal Petition" from the Financial Aid Office.
- 2. Make an appointment with a **Counselor** to update your educational plan and include a copy of the Educational Plan with your appeal petition. Keep in mind that the appeal is for the current semester.
- 3. The student must present to the Director of Financial Aid a written statement of appeal with an updated Educational Plan attached. APPEALABLE ITEMS ARE AS FOLLOWS: DEATH IN THE FAMILY, PERSONAL INJURY, ILLNESS OR OTHER SPECIAL CIRCUMSTANCES (please submit any or all necessary documentation).
- 4. The Director of Financial Aid schedules a meeting with the Appeals Committee as expeditiously as possible. The student must sign and submit adequate documentation (if supporting documentation is not attached the Appeal **may not** be reviewed).
- 5. The committee reviews the student's case and reaches a conclusion: approve, deny appeal, or table for further information (if an appeal is tabled for further information, it is the student's responsibility to submit the pending documentation requested for the appeal to be reviewed).
- 6. The Director of Financial Aid or a designated Financial Aid member notifies the student in email form as to the final decision of the committee.
- 7. The right to appeal a second time for reasons of unsatisfactory progress shall be denied if the appeal was granted during the previous semester.
- 8. Please review your application prior to submitting. Applications submitted with no signature will not be reviewed.



2016-2017	_ FALL _ SPRING
STUDENT NAME	STUDENT ID#:
MAILING ADDRESS	TELEPHONE#
CITY/STATE/ZIP	
If you are appealing for not meeting Satisfactory Academic Pro- (include dates and as much detail as possible that are specific to as a student). If you are appealing for exceeding the maximum Maximum Time Frame. If more space is needed, please complete appeal.	time frame please explain why you exceeded the
How have you changed/improved your situation in order to ensistandard in the future? What is your educational goal/objective goal/objective? Note: If more space is needed, please complete	and what are you doing now to complete this
Students Signature	Date
SUBMIT COMPLETED PETITION, EDUCATIONAL PL	AN AND SUPPORTING DOCUMENTATION



To be completed by Counselor

STUDENT NAME	STUDENT ID#:		
ONLY CLASSES SELECTED FROM THE LIST BELOW WILL BE ELIGIBLE FOR FINANCIAL AID. YOU MUST RECEIVE APPROVAL FROM YOUR COUNSELOR BEFORE YOU MAKE ANY CHANGES IN THE COURSE LIST.			
COURSES FOR CURRENT SEMESTER	COURSES FOR_	20	
REQUIRED COURSES UNITS	REQUIRED COURSES	UNITS	
1.	1.		
2.	2.		
3.	3.		
4.	4.		
COURSES FOR 20	COURSES FOR	20UNITS	
REQUIRED COURSES UNITS  1.	REQUIRED COURSES  1.	UNIIO	
2.	2.		
3.	3.		
	4.		
4.	4.		
I certify that the above courses are being taken during t Plan, any other courses required for the student to earn amount.	the current semester and are their degree are also include	ed by course and unit	
I certify that the above courses are being taken during t Plan, any other courses required for the student to earn	the current semester and are their degree are also include	ed by course and unit	
I certify that the above courses are being taken during t Plan, any other courses required for the student to earn amount.	the current semester and are their degree are also include  Date	ed by course and unit	
I certify that the above courses are being taken during to Plan, any other courses required for the student to earn amount.  Counselors Signature	the current semester and are their degree are also include  Date	ed by course and unit	
I certify that the above courses are being taken during to Plan, any other courses required for the student to earn amount.  Counselors Signature	the current semester and are their degree are also include Date	Date	
I certify that the above courses are being taken during to Plan, any other courses required for the student to earn amount.  Counselors Signature	the current semester and are their degree are also include  Date   tee Use Only  Approved Denied	Date	
I certify that the above courses are being taken during to Plan, any other courses required for the student to earn amount.  Counselors Signature	the current semester and are their degree are also include  Date   tee Use Only  Approved Denied  Approved Denied	Date	



## **Probation Contract**

STUDENT NAME\_\_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Please be sure to completely follow the instructions on the front of this form and submit all nece items when submitting your Appeal.  You will be granted the opportunity for a Probationary Status, if your Appeal is approved. Your Satisfactory Academic Progress status will be monitored at the conclusion of <u>each semester</u> . Yo need to meet the following standards:	-
1. You must meet the minimum Standard of a 2.0 GPA	
<ol> <li>You must enroll in classes and successfully complete the classes on your Approved Ed F was developed with your Counselor. (If you decide to change and take a class that is not Approved Ed Plan, it will be necessary for you to meet with your Counselor prior to subt the appeal).</li> </ol>	on your
3. You must complete your Educational Objective/Academic Plan based within your specific Maximum Time Frame (150% of program of study).	ic
Failure to meet the terms of this <u>Probation Contract</u> will result in an Ineligible status and the <u>LO ELIGIBILITY</u> to receive Federal Funds unless your cumulative Satisfactory Academic Progress is once again met.	
Your signature below indicates that you have <u>READ, UNDERSTAND &amp; AGREE</u> to the terms of contract	of this
STUDENT SIGNATURE DATE	
Please read, sign and date this contract. If your appeal is approved, you will be s to the terms of the contract. If your appeal is denied, the contract will not go into	