



# PALO VERDE COLLEGE

WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS

## FINANCIAL AID PETITION FOR APPEAL

**760-921-5553**

The appeal procedure is as follow:

1. Obtain and complete a “**Financial Aid Appeal Petition**” from the Palo Verde College website [www.paloverde.edu](http://www.paloverde.edu) and then by going to Financial Aid.
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 students’ case and reaches a conclusion: approve appeal, deny appeal, or table the appeal for further information (if an appeal is tables for further information, it is the students’ responsibility to submit the pending documentation requested for the appeal to be reviewed).
6. The Director of Financial Aid or a designated Financial Aid staff will notify the student in email form as to the final decision of the committee.
7. The right to appeal a second time for any reason will result in automatic denial if an appeal was previously approved during a previous semester. Financial Aid Appeals are once in a lifetime approval.
8. Please review your application prior to submitting. Applications submitted with no signature, will not be reviewed.

# FINANCIAL AID PETITION FOR APPEAL

**2017-2018**

FALL

SPRING

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

**MAILING ADDRESS** \_\_\_\_\_ **TELEPHONE#** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

If you are appealing for not meeting Satisfactory Academic Progress please explain your extenuating circumstances (include dates and as much detail as possible that are specific to the semester/semesters that you were unsuccessful as a student). If you are appealing for exceeding the maximum time frame, please explain why you exceeded the Maximum Time Frame. If more space is needed, please complete this on a separate form and attach this to the appeal.

How have you changed/improved your situation in order to ensure meeting the Satisfactory Academic Progress standard in the future? What is your educational goal/objective and what are you doing now to complete this goal/objective? *Note: If more space is needed, please complete this on a separate form and attach this to the appeal.*

**Students Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUBMIT COMPLETED PETITION, EDUCATIONAL PLAN AND SUPPORTING DOCUMENT**

# FINANCIAL AID PETITION FOR APPEAL

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

Major/Degree: \_\_\_\_\_

ONLY COURSES THAT APPLY TO YOUR DEGREE AND ARE ON 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.A

## COURSES FOR CURRENT SEMESTER

COURSES FOR \_\_\_\_\_ 20\_\_\_\_  
TERM YEAR

REQUIRED COURSES	UNITS	REQUIRED COURSES	UNITS
1.		1.	
2.		2.	
3.		3.	
4.		4.	

COURSES FOR \_\_\_\_\_ 20\_\_\_\_  
TERM YEAR

COURSES FOR \_\_\_\_\_ 20\_\_\_\_  
TERM YEAR

REQUIRED COURSES	UNITS	REQUIRED COURSES	UNITS
1.		1.	
2.		2.	
3.		3.	
4.		4.	

I certify that the above courses are being taken during the current semester and are included in the above Ed Plan, any other courses required for the student to earn their degree are also included by course and unit amount.

Counselors Signature \_\_\_\_\_ Date \_\_\_\_\_

### Appeals Committee Use Only

\_\_\_\_\_  
Approved \_\_\_ Denied \_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approved \_\_\_ Denied \_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approved \_\_\_ Denied \_\_\_ Date \_\_\_\_\_

Comments from Appeals Committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FINANCIAL AID PETITION FOR APPEAL

## Probation Contract

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

Please be sure to completely follow the instructions on the front of this form and submit all necessary 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 each semester. You will need to meet the following standards:

1. You must meet the minimum Standard of a 2.0 GPA
2. You must enroll in classes and successfully complete the classes on your Approved Ed Plan that was developed with your Counselor. (If you decide to change and take a class that is not on your Approved Ed Plan, it will be necessary for you to meet with your Counselor prior to submitting the appeal).
3. You must complete your Educational Objective/Academic Plan based within your specific Maximum Time Frame (150% of program of study).

Failure to meet the terms of this Probation Contract will result in an Ineligible status and the LOSS OF ELIGIBILITY to receive Federal Funds unless your cumulative Satisfactory Academic Progress standard is once again met.

Your signature below indicates that you have READ, UNDERSTAND & AGREE to the terms of this contract

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Please read, sign and date this contract. If your appeal is approved, you will be subject to the terms of the contract. If your appeal is denied, the contract will not go into effect.***