2020-2021 FINANCIAL AID LOSS OF ELIGIBILITY APPEAL REQUEST

Student’s Last Name, First Name, Initial

The reason for your loss of eligibility was (please check all that apply):

☐ A. I did not meet a Cumulative 2.0 Grade Point Average (CGPA).

☐ B. I did not complete 2/3 of the cumulative units that I attempted.

**DIRECTIONS:** Please read before proceeding with this form. All sections must be completed by all students

✓ Complete the form explaining your ‘Special Circumstances’
  (‘Special Circumstances’ are onetime life altering event.)

✓ Attach a copy of documentation supporting your ‘Special Circumstances’.
  (A request for an appeal will **NOT** be considered if documentation is not attached. Your appeal will be denied.)

✓ Complete an education plan. The plan must include:
  ☐ Description of what you are going to do differently to insure that you are going to make progress
  ☐ An Ed Plan (see back for listing)
    List the courses you will be taking during the semester requesting aid.

I have met the Financial Aid Loss of Eligibility Appeal by one of the following conditions and have attached documentation:

☐ Death in the immediate family (Immediate family means the mother, father, grandmother, grandfather, or a grandchild of the student or of the spouse, spouse, son, son-in-law, daughter, daughter-in-law, and brother, sister of the student or any relative living in the immediate household of the student)

☐ Illness that is **not** chronic to the student

☐ Accident or injury to the student

☐ A onetime life altering event to the student

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Special Circumstances are not:  I did not get along with the teacher, I could not find a baby sitter, I had to work more hours, or other Life management difficulty.  (If you need additional space please attach another page)
Student statement of plan to make Satisfactory Progress in the future: The plan must include:

- A proposed plan addressing the educational difficulty you were having and how you will handle the difficulty in the future. (i.e: reduction of units, 300 level courses, better time management, tutoring, etc.)

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Ed Plan

Please attached a Comprehensive education plan [developed with your counselor], and attach it to this form.

- Failure to complete this form will result in a denial to your appeal.
- I understand that I am required to complete the above courses during the term specified to receive financial aid.
- Failure to complete the courses above in the term that is specified will lead to lose of aid without an appeal.
- If appeal approved no additions or deletions to this appeal will be considered.

Student Signature: __________________________ Date: __________

Appeal Status: For school use only.

Financial Aid was:

- Reinstated on Probation + Conditions of Reinstatement:

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_______________________________________________________________________________________
_______________________________________________________________________________________
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- Not Reinstated: Why:

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Committee Signature: __________________________ Date: ______
Committee Signature: __________________________ Date: ______
Committee Signature: __________________________ Date: ______
Committee Signature: __________________________ Date: ______