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**

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.)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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:_______________________________________________________

☐ Not Reinstated: Why:____________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Committee Signature: ______________________ Date: ______  Committee Signature: ______________________ Date: ______

Committee Signature: ______________________ Date: ______  Committee Signature: ______________________ Date: ______