2020-2021 FINANCIAL AID LOSS OF ELIGIBILITY
APPEAL REQUEST

Student’s Last Name, First Name, Initial

Appeal for: Fall 2020 ☐  Spring 2021 ☐  Summer 2021 ☐

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:____________________________________

- Not Reinstated: Why:________________________________________________________________

Committee Signature: ______________________ Date: _____  Committee Signature: ______________________ Date: _____
Committee Signature: ______________________ Date: _____  Committee Signature: ______________________ Date: _____
Committee Signature: ______________________ Date: _____  Committee Signature: ______________________ Date: _____