*2016-2017*

*Financial Aid Appeal Form*

Last Name (Please Print) First Name Student ID#

Address City State/Zip Phone #

The Appeal form is for students who are on Financial Aid Dismissal Due To one or more of the following reasons:

o **Cumulative Grade Point Average is Below a 2.0**

o **Completed Less than the Minimum Required Units** o **Completed/Attempted more than 150% of declared academic major**

**INSTRUCTIONS:**

**DEADLINES To Submit Appeals:**

**□ Fall Semester – November 25**

**□ Spring Semester – May 01**

**□ Summer Semester – July 05**

Complete ALL requirements outlined below before submitting the Appeal Form to the Financial Aid Office. The information provided on this Appeal Form will ultimately determine your eligibility to receive Financial Aid.

o **C**ompletion of this Form

o S ubmit an Updated Student Educational Plan (SEP) completed by a Peralta Counselor. **(Appointments are necessary to meet with counselors for completion of a SEP)**

o S ubmit a PCCD Academic Unofficial Transcript (include Current Courses)

o A ttach DO CUM E NT AT I O N that can support your personal statement. Providing sufficient documentation may be the difference between the approval or denial of your Appeal. For example:

 Medical Documents: Doctor’s statement, Medical bills, ETC…  Death Certificate

 Police Reports or Legal Documentation

 Letters from a professional on a letterhead who can support your circumstances

o S ubmit a PER SO N A L ST A T EM EN T explaining the circumstances that caused your dismissal.

The following Questions should be Addressed in your statement as applicable:

1. Describe in detail the extenuating circumstances on why you were unable to maintain a cumulative 2.0 and/or complete the minimum required units. (Examples: Illness/Injury of the student, Death of an immediate family member, Medical and/or family emergencies)

2. Explain in specific steps on how you propose to improve your grade point average and/or the

completion of your course.

3. Explain in detail why you have not completed your Certificate, A.A., A.S., or Transfer program objective within 150% or less program time frame, AND, indicate when and how many more units are needed to complete your educational objective.

NOT E :

The following are not extenuating circumstances: Poor study habits, an overload of coursework, lack of preparedness, and did not receive financial aid in a timely manner.

**The Financial Aid Appeal Committee will review the completed Appeal Packet. The committee’s decision will be forwarded to the Financial Aid Office (FAO). The FAO will notify you the appeal decision by e-mail.**

**During peak periods (registration periods) there may be an extended longer wait time for the Appeals Committee decision.**

The decision of the Committee is considered Final!

S   tudent Name (Please Print) Student ID #

THI S S E C TIO N F O R COU N S E L O R CER T I F I CAT I O N A N D COM M E N T S

►Student’s Education Objective at PCCD:

[ ] AA/AS – (Degree Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] Certificate - (Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] Transfer - (Program Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Potential college:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

►Student’s Expected Completion Date at PCCD:\_\_\_ \_\_\_\_ \_\_\_\_\_

►Counselor’s Comments (optional): \_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Personal Statement: (Please write or type clearly – Attach additional page(s) if more Space is Needed. All attachments must have student’s ID Number and signature. Refer to the front page for instructions in writing your statement.)

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| ST U D EN T C ER T I F I C A T I O N : I CERTIFY THAT ALL STATEMENTS AND/OR SUPPORTING DOCUMENTATION |  |
| ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. WA R N I N G : An y f a l s e s t a t e m e n t o r m i s r e p r e s e n t a t i o n |  |
| wi l l b e c a u s e f o r d e n i a l | . |

STUDENT’S SIGNATURE: DATE: