BERKELEY CITY COLLEGE		Fina	2020-2021 Incial Aid Appeal Form
Last Name:	First Name:		Student ID#:
Address	City	State/Zip	Phone #
following reasons Grade Point Av Completed Les Cumulative	is for students who are on Finance (Please check all boxes that apply) erage is below 2.0 – Cumulative s than 66.7% of attempted units - Term and for attempted more than 150% of declared	<u>Term</u> A Fall_ □ Fall S □ Sprin	al due to one or more of the Applying for Appeal: SpringSummer DLINES to Submit Appeals: Semester – November 30, 2020 ag Semester – April 26, 2021 mer Semester – July 12, 2021

INSTRUCTIONS

Complete and submit <u>ALL</u> required items outlined below to the Financial Aid Office. The information provided on this Appeal Form will ultimately determine your eligibility to receive Financial Aid.

1. Complete this form and select which reason you are appealing for the **<u>affected semester</u>**. Also provide documentation

to support extenuating circumstance that pertains to your case.

Must select one:

- Death of immediate family member (copy of obituary or death certificate)
- Serious illness or injury (physician's note)
- □ Involuntary job transfer or military service (official notice on company letterhead or military orders)
- □ Recalled in support of national emergency (official notice)
- □ Victim of crime (police report number or letter from service agency)
- □ Institutional error (written verification from BCC faculty/staff)
- Natural disaster/evacuation (official notice)
- New career path/Job Loss (personal statement of loss in employment leading to change in career path)
- 2. Complete "The Key Components to the Satisfactory Academic Progress (SAP) Financial Aid Appeal Process" section by visiting: <u>https://berkeleycitycollege.get-counseling.com/</u> (print out confirmation of completion)
- 3. Submit Student Comprehensive Educational Plan (SEP) developed by counselor to demonstrate potential successful completion.
- **4.** How do you plan to be successful and what strategies are you adopting in order to meet the requirements of satisfactory academic progress:

STUDENT CERTIFICATION: I certify that all statements and/or supporting documentation are true and correct to the best of my knowledge. Any false statement or misrepresentation will be cause for denial. The appeal decision is FINAL. I acknowledge that I have read the Peralta Community College District's Satisfactory Academic Progress (SAP) policy. To view the SAP policy visit: <u>http://web.peralta.edu/financial-aid/sap/</u>

THIS SECTION FOR COUNSELOR CERTIFICATION AND COMMENTS

► 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): ___

Counselor's signature: ------ Date: -------