FA OFFICE USE ONLY

SAN DIEGO CITY COLLEGE

2010-2011 FINANCIAL AID APPEAL

Date Rcvd: ______

Posted By: ______

________________________________________
Last Name ____________________________ First Name ___________________________ CSID# ________________

Email ___________________ Phone # _______________________

SEMESTER(S) OF APPEAL REQUEST
I am requesting a review for the following semester(s): (Check one)

_____ Fall 2010/Spring 2011 _____ Fall 2010 only _____ Spring 2011 only _____ Summer 2011 only

Federal regulations do not permit retroactive payment for a prior term for students who have not made academic progress and who later are reinstated through the appeal process after the term has ended.

You must meet all of the following criteria to submit an appeal. Please initial each statement to indicate that you have met these requirements. If you do not meet all of the criteria below, your appeal form will be returned to you.

_____I am currently enrolled in at least 6 units (1/2 time) for the semester(s) checked above.

_____I am currently enrolled in classes that are applicable to my major/educational plan listed below.

_____I am currently enrolled in at least one class at City College.

_____My financial aid file is complete for the 2010-2011 school year.

_____I am not in Default on any Student Loan.

_____I understand my appeal will not be reviewed if the San Diego Community College District determines that I must sit out one or more semesters due to “Academic Disqualification” or “Lack of Progress Disqualification”.

EDUCATIONAL PLAN REQUIREMENT

_____I have an updated Educational Plan (Ed Plan) on file for the major listed below. You do not need to submit an Ed Plan if a counselor created one in your counseling record. If you do not have an official Ed Plan, you may submit a temporary Ed Plan from the Counseling Office. If you do not have an official or temporary Ed Plan, or if your major has changed, you will need to see a counselor to develop a new Ed Plan.

List your current major/educational plan. ________________________________ [FAO: Ed Plan attached_____]  

REASON FOR APPEAL (Check all reasons that apply to your Disqualification)

1. _____ I have attempted more than 90 total units from all colleges attended.

2. _____ I have not made satisfactory academic progress. This means I have completed less than 67% of the classes I have enrolled in. This includes classes that I withdrew from, classes that instructors withdrew me from, classes that I failed and classes that I did not receive credit for, including incomplete and self-paced classes with IP.

3. _____ I have a cumulative GPA below 2.00.

4. _____ I have earned an Associate’s Degree (A.A./A.S.), Bachelor’s Degree (B.A./B.S.) or higher degree.
APPEAL EXPLANATION

Please explain why you are taking additional classes after you have earned over 90 units, earned an Associate’s Degree or higher, or why you have withdrawn or failed classes in the past. If you had extenuating circumstances, you should provide supporting documentation to verify your situation. Please do not indicate that you have a financial hardship since that is not relevant to this appeal. Please explain why you feel you will be successful this school year.

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If you need more space, please attach additional sheets to this appeal.

APPEAL PROCESS
Appeals are reviewed within two weeks. However, during peak processing periods, which are July – September and December - February, the review process may take up to three weeks or longer. You will be notified by email of the appeal decision.

STUDENT CERTIFICATION

SIGNATURE _________________________________________________________ DATE ___________________
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Financial Aid Office Use Only

Appeal decision: Approved ______ Denied ______ Date ____________ By ___________________

Comments ________________________________________________________________ Rev 6/24/2010