2013-2014
APPEAL FORM
SAN DIEGO CITY COLLEGE
1313 Park Blvd., San Diego, CA 92101
fax (619) 388-3241

STUDENT INFO
1. Last Name
2. First Name
3. CSID#
4. Email
5. Phone #
6. Major

7. My Educational Goal is to: ☐ obtain an Associate degree ☐ obtain a certificate
☐ complete a general education program before transferring to: ______________________

SEMESTER OF APPEAL REQUEST
8. I am requesting a review for the following semester*: (Check only one)
☐ Fall 2013 ☐ Spring 2014 ☐ Summer 2014

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

A. _____ I understand that I must have documented extenuating circumstances to be eligible to appeal.

B. _____ I am currently enrolled in at least 3 or more units for the semester checked above with at least one class at SAN DIEGO CITY COLLEGE.

C. _____ I am currently enrolled only in classes that are required according to my educational plan.

D. _____ I understand my financial aid file must be completed in order to submit my appeal.

E. _____ I understand that the appeal decision will be based on the Student Education Plan, which I have submitted to the Financial Aid Office, for the degree objective that matches the Educational Goal stated above. If I do not have an official Ed Plan, I will need to see a counselor to develop a new Ed Plan.

F. _____ I understand that I am currently NOT eligible to receive aid except for, if eligible, the Board of Governors Enrollment Fee Waiver. I should not rely on receiving any funds until a decision is made. (The Board of Governors Fee Waiver is available to California Residents only, whether or not you have an advanced degree.)

G. _____ I understand that if the appeal is approved, I must fulfill all conditions of the appeal approval. If I do not, I will not be able to receive aid until I meet the Standards of Satisfactory Academic Progress (SAP) requirements as stated in the SAP policy for financial aid. Please visit our website to view the information.

H. _____ I understand that IF I HAVE a Bachelor’s or higher degree, I must explain why I am enrolled at a community college and the purpose of returning to a two year program. I may only be eligible for a Federal Direct Loan IF my appeal is approved AND I have REMAINING FEDERAL loan eligibility.

I. _____ I understand that at the time of my appeal, the Appeal Committee will review my entire academic history, including current semester enrollment.

J. _____ I understand that an appeal approval cannot re-instate my aid for a prior semester.

K. _____ I understand that if the appeal is denied, the decision is final. If the appeal is approved, the appeal decision is for one semester only.
REASON FOR APPEAL

10. Check all reasons that apply to your Disqualification:

☐ I have completed less than 67% of the classes I have enrolled in.
☐ I have attempted less than 25 units and my cumulative GPA is below 1.75
☐ I have attempted more than 24 units and my cumulative GPA is below 2.0.
☐ I have attempted more than 90 total units from all colleges attended in the United States and foreign countries.
☐ I have earned an Associate’s Degree (AA/AS), Bachelor’s Degree (BA/BS) or higher degree in the United States or foreign country.

PLEASE PROVIDE AN EXPLANATION TO THE QUESTIONS BELOW.

11. Please answer the following questions on a separate piece of paper and attach to this appeal form with your detailed explanations. You MUST submit supporting documentation to verify your extenuating circumstances. Please do not indicate that you have a financial hardship since that is not relevant to this appeal.

a) Why have you failed to complete 67% of all units attempted OR maintain a cumulative 2.0 GPA.

b) If you have an Associate’s Degree or higher, AND/OR have attempted 90 or more units, please explain why you are enrolled at a community college and the purpose of returning to a two year program.

c) What has changed or what steps have you taken that will allow you to make satisfactory academic progress this semester?

PLEASE MAKE SURE ALL SUPPORTING DOCUMENTATION IS ATTACHED. PLEASE PRINT YOUR CSID NUMBER ON EACH ADDITIONAL PAGE YOU PROVIDE.

STUDENT CERTIFICATION

12. SIGNATURE ___________________________ DATE ________________

APPEAL PROCESS

Appeals are reviewed based on the order of which they are received. However, during peak processing periods, which are July – September and December – February, the review process may take 4 to 6 weeks or longer. You will be notified by email of the appeal decision.

Financial Aid Office Use Only

Appeal decision: Approved _____ Denied _____ Date: _____________________

Unable to Process Date: _______ __________ By: _______________________

Comments

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________