2011-2012
APPEAL FORM
San Diego City College Financial Aid Office

Appeal Deadlines*
FALL 2011 12/16/2011
SPRING 2012 05/18/2012
SUMMER 2012 08/10/2012
*Due by Noon on the date posted above or your last day of classes for the semester—whichever comes first.

STUDENT INFO

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<tr>
<th>1. Last Name</th>
<th>2. First Name</th>
<th>3. CSID#</th>
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<th>4. Email</th>
<th>5. Phone #</th>
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7. My Educational Goal is to: □ obtain an Associate degree  □ obtain a certificate  □ complete a general education program before transferring to: _______________________

SEMMESTER OF APPEAL REQUEST

8. I am requesting a review for the following semester:  (Check only one)
   □ Fall 2011  □ Spring 2012  □ Summer 2012

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 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.
   C. _____ I am currently enrolled in classes that are applicable to my major/educational plan listed.
   D. _____ I am currently enrolled in at least one class at San Diego City College.
   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 or temporary 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 I am appealing because I have attempted more than 90 units, or have an Associate’s or higher degree, ALL CLASSES in which I enroll should be required to complete my degree objective as stated on my Student Education Plan. If one or more of the classes in which I am enrolled are not required (explanation required), my appeal may be denied.
   H. _____ 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.
   I. _____ 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.
   J. _____ I understand that at the time of my appeal, the appeal committee will review my entire academic history, including current semester enrollment.
   K. _____ I understand that an appeal approval cannot re-instate my aid for a prior semester.
   L. _____ 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.

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

10. Check all reasons that apply to your Disqualification:

- ☐ I have attempted more than 90 total units from all colleges attended in the United States and foreign countries.
- ☐ 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 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. If you had extenuating circumstances, you MUST submit supporting documentation to verify your situation. Please do not indicate that you have a financial hardship since that is not relevant to this appeal. If you need more space, please attach additional sheets to this appeal.

a) Why you failed to make satisfactory academic progress.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

c) If you have an Associate’s Degree or higher, please explain why you are enrolled at a community college and the purpose of returning to a two year program.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

PLEASE MAKE SURE ALL SUPPORTING DOCUMENTATION IS ATTACHED.

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.

STUDENT CERTIFICATION

12. SIGNATURE ___________________________ DATE ___________________

Financial Aid Office Use Only

Appeal decision: Approved _______ Denied _______ Date ______ By _______ Unable to Process Date: _________ _________

Comments ___________________________________________________________ Rev 6/24/2010