



Appeal for Financial Aid Reinstatement

Name: _____ SSN: _____ SID: _____

How to submit your appeal:

1. Complete all requirements for **either** SECTION A or SECTION B below (one or the other) and sign.
Incomplete appeals will not be accepted.
2. Submit the completed appeal, along with ALL required components, to the Financial Aid Office via regular mail or fax, or via our secure drop box, [here](#). **Please do not send information via email; it is not safe.**
3. Your appeal typically will be reviewed by a committee within 7-10 days from the date it is submitted.
4. Your Financial Aid Portal will be updated with the results of the appeal within 7 days from the date it has been reviewed; you may be sent an email if your appeal is denied.

Student Services staff cannot predict the outcome of your appeal or notify you verbally if your appeal was denied. It is your responsibility to check your Financial Aid Portal to view the outcome of your appeal. We are sorry, but we cannot make any exceptions to appeal processing, nor can we expedite appeal reviews. All appeals must be in writing; because appeals must be documented for federal audit purposes, we cannot accept verbal explanations, including phone calls to or from witnesses.

Section A (If you earned reinstatement, do not also fill out Section B below.)

I earned reinstatement on my own during _____ quarter:

- I enrolled in 6 or more credits **AND** final grades have been posted to my transcript.
- As shown on my transcript, my cumulative g.p.a. is now above a 2.0 **AND** I completed the minimum number of credits required*, based on the following: (check one)
 - Enrolled in 12 or more credits, completed at least 12
 - Enrolled in 9-11 credits, completed at least 9
 - Enrolled in 6-8 credits, completed at least 6

** BASED, FLE, or Special Interest classes or any class with a non-passing grade do NOT count towards completed credits (this includes incompletes, audit grades, and grades of F, VP, V, and U)*

Section B (For students who did not meet the criteria outlined in Section A above.)

- 1a. You experienced unusual or extraordinary circumstances beyond your control (such as illness or death in the family) during your last quarter of attendance, resulting in termination of your Financial Aid.
- 1b. You experienced challenges due to a COVID-19 (coronavirus) related circumstance.
- 2. Attach a signed statement in your own words addressing the following required elements:
 - What happened
 - When it happened
 - Why it happened
 - Why it is no longer a problem
- 3. Attach official documentation from an objective source, verifying the unusual or extraordinary events explained in your appeal. (If you have a completed, accepted medical withdrawal on file with the college for the quarter you are appealing, initial here ____; you do not need to provide additional documentation.)
- 4. Sign and date this form below.

I certify I understand: 1) This appeal may not be approved if I've had two or more consecutive quarters of unsatisfactory academic progress. 2) I cannot appeal twice in a row for the same circumstances. 3) My appeal will be reviewed in 7-10 days, and I am responsible for checking the results on my Portal. 4) Any repayment owed from unsatisfactory progress cannot be waived; any repayment I owe must be repaid, regardless of the circumstances. 5) The committee's decision on my appeal is final; if my appeal is denied, I have the option to earn reinstatement on my own. 6) If my appeal is approved after the 10th day of the quarter, my award will be based on my enrollment level at the time my appeal is approved.

Student Signature _____ Date _____

Financial Aid Appeal Committee use only _____ Student completed zero credits during last quarter of attendance
____ Approved no probation ____ Approved probation * ____ Denied (letter of explanation mailed on _____)

Financial Aid Officer signature _____ Date ____/____/____

**Probation will be required for all students, except those who earned re-instatement on their own.*