



2014 – 2015 Financial Aid Appeal Form



Please check campus: Cañada College College of San Mateo Skyline College

Complete this form if you wish to appeal your academic status for the semester and/or school year. Once completed submit this form to the Financial Aid Office at your District College.

A. Student Information

Last Name First Name M.I. Student ID Number

Street Address City ST Zip Phone Number

B. Reason for Appeal and Required Documentation

You must check the reason for your appeal and submit all required documents together. Failure to include required documentation will result in your appeal being denied.

Disqualification due to (SAP) Satisfactory Academic Progress (Not meeting GPA/Pace Rate)

- Student Appeal Letter – Explain on Page 2 of this form or attach typed letter on separate sheet of paper
 - Explain any circumstance(s) you believe should be considered in reviewing your appeal for reinstatement or continuation of Financial Aid. **Be specific.**
 - Explain how you intend to resolve the circumstance(s) as it relates to successfully completing your studies and maintaining good SAP at your District College.
- Current Student Educational Plan (SEP) – **signed by student and counselor**
 - Schedule an appointment with a Counselor
 - SEP must be current, long term, and must show educational goal or major
- Copy of Student Success Workshop (SSW) Certificate (for Skyline students only)
 - Sign-up to attend the workshop through the Counseling Division

Disqualification due to Exceeded Maximum Time Frame of 90 attempted units or more

- Current Student Educational Plan (SEP) – **signed by student and counselor**
 - Schedule an appointment with a Counselor
 - SEP must be current, long term, and must show educational goal or major

Must submit with valid photo ID

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

IMPORTANT

Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

1. REASON FOR EXCEPTION(S): Explain any circumstance(s) you believe should be considered in reviewing your appeal for reinstatement or continuation of Financial Aid. Be as specific as you can giving dates and time, if relevant. (ATTACH A SEPARATE SHEET IF NECESSARY)

2. PLAN FOR RESOLVING EXCEPTION(S): Explain how you intend to resolve the circumstance(s) as it relates to successfully completing your studies and maintaining good SAP at your District College. Be as specific as you can in terms of tutoring, childcare, reductions in work schedule, change in major or other factors that may have affected your ability to complete your classes. (ATTACH A SEPARATE SHEET IF NECESSARY)

C. Signature

Student Signature

Date

FOR OFFICE USE ONLY

Term: Fall '14 Spring '15 Summer '15

Appeal Results: APPROVED DENIED PENDING

Comments: _____

Signature: _____ Date: _____