

CAÑADA COLLEGE FINANCIAL AID OFFICE
4200 FARM HILL BLVD, REDWOOD CITY, CA 94061 (650) 306-3307 FAX (650)-306-3116
www.canadacollege.net

APPEAL FOR REINSTATEMENT OR CONTINUATION OF FINANCIAL AID

NAME: _____ **SOCIAL SECURITY/ID #:** _____

ADDRESS: _____ **PHONE ()** _____

_____ **DATE:** _____

REASON(S) FOR PETITION (CHECK AND COMPLETE ALL THAT APPLY):

_____ EXCESSIVE ATTEMPTED UNITS (90 OR MORE) AS OF START OF _____ SEMESTER

_____ FINANCIAL AID SUSPENDED STATUS AS OF START OF _____ SEMESTER

_____ FINANCIAL AID PROBATION STATUS AS OF START OF _____ SEMESTER

_____ OTHER _____ AS OF START OF _____ SEMESTER

I PLAN TO GRADUATE OR TRANSFER FROM CAÑADA COLLEGE AS OF _____ / _____
MONTH YEAR

MY GOAL IS TO COMPLETE: A CERTIFICATE _____ AA/AS DEGREE _____ TRANSFER/BA DEGREE _____

MY MAJOR AREA OF STUDY IS _____

YOU (THE STUDENT) MUST COMPLETE ITEMS 1 AND 2. YOUR CAÑADA COLLEGE COUNSELOR MUST COMPLETE ITEM 3. THIS FORM MUST BE SUBMITTED TO THE FINANCIAL AID OFFICE (BUILDING 8, ROOM 211) TO THE ATTENTION OF THE DIRECTOR OF FINANCIAL AID. IT IS STRONGLY RECOMMENDED THAT DOCUMENTATION BE INCLUDED (I.E. ILLNESS, FAMILY EMERGENCY) WITH THIS PETITION IF THAT IS THE BASIS FOR REQUESTING AN EXCEPTION. * A CURRENT STUDENT EDUCATIONAL PLAN (SEP) MUST BE INCLUDED WITH THIS PETITION. THE SEP SHOULD SHOW WHAT CLASSES WILL BE TAKEN FOR THE CURRENT SCHOOL YEAR. YOU WILL RECEIVE A WRITTEN RESPONSE IN APPROXIMATELY TWO TO THREE WEEKS FROM THE DATE OF RECEIPT OF THE PETITION REQUEST.

- 1) REASON FOR EXCEPTION:** DESCRIBE ANY CIRCUMSTANCES YOU BELIEVE SHOULD BE CONSIDERED IN REVIEWING YOUR PETITION FOR REINSTATEMENT OR CONTINUATION OF FINANCIAL AID. BE AS SPECIFIC AS YOU CAN, GIVING DATES AND TIMES IF RELEVANT.

2) **PLAN FOR RESOLVING EXCEPTION(S)**: DESCRIBE HOW YOU INTEND TO RESOLVE THE CIRCUMSTANCE(S) AS IT RELATES TO SUCCESSFULLY COMPLETING YOUR STUDIES AT CAÑADA. BE AS SPECIFIC AS YOU CAN IN TERMS OF TUTORING, CHILDCARE, REDUCTIONS IN WORK SCHEDULE, CHANGE IN MAJOR, OR OTHER FACTORS THAT AFFECTED YOUR ABILITY TO COMPLETE YOUR CLASSES.

STUDENT SIGNATURE_____

FOR OFFICE USE ONLY

_____REQUEST APPROVED _____REQUEST DENIED _____REQUEST PENDING
_____TERM_____YEAR

CONDITIONS:

____FOLLOW CURRENT SEP ____UPDATE SEP ____MAKE SAP ____NO LOANS ____OFF PROBATION

____OTHER_____ ____OTHER_____

____OTHER_____ ____OTHER_____

COMMENTS:_____

SIGNATURE:_____

Director of Financial Aid – Vera Quijano

DATE_____