**Appeal filing period Deadlines •**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRING 2017</td>
<td>11/28/2016 thru 5/05/2017</td>
</tr>
<tr>
<td>SUMMER 2017</td>
<td>6/01/2016 thru 7/15/2017</td>
</tr>
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*Due by Noon on the last date posted above for the semester for which you are appealing or your last day of classes for the semester for which you are appealing — whichever comes first. See more details on page 1 of this packet.*

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**2016 - 2017**

**APPEAL FORM**

**SAN DIEGO CITY COLLEGE**

1313 Park Blvd.
San Diego, CA 92101

Financial Aid, Room B-103
Fax (619) 388-3241

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**STUDENT INFO**

1. Last Name  
2. First Name  
3. CSID#  
4. Email  
5. Phone #  
6. Program of Study

7. My Educational Goal is to:  
   - [ ] obtain a certificate  
   - [ ] obtain an Associate’s degree  
   - [ ] complete my general education or Associate’s degree before transferring to: __________________________  
   - [ ] complete the HIM Bachelor’s Degree pilot program [AT MESA ONLY]

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**SEMMESTER OF APPEAL REQUEST**

8. I am requesting a review for the following semester: (Check only one)
   - [ ] Fall 2016  
   - [ ] Spring 2017  
   - [ ] Summer 2017

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 and these units are required for the Student Educational Plan, Program of Study & Educational Goal listed above.

   C. [ ] I am currently enrolled only in classes that are required for the Student Educational Plan, Program of Study & Educational Goal listed above.

   D. [ ] I am currently enrolled in at least one class at **SAN DIEGO CITY COLLEGE** which is required for the Student Educational Plan, Program of Study & Educational Goal listed above.

   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. NOTE: You may only follow ONE (1) Official Student Education 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 the school’s website to view the complete 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. (Please see your campus Loan Deadlines)

   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 and does not guarantee that I will receive any grant aid. (please refer to your Lifetime Eligibility Used on **www.nslds.ed.gov**)

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Federal regulations do not permit retroactive payment for a prior term for students who have not made academic progress and later were reinstated through the appeal process after the term has ended.
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.
☐ My cumulative GPA is below 2.0.
☐ I have attempted more than 90 units (or more than 180 units for the HIM Bachelor’s Degree pilot program students) from all colleges attended in the United States and foreign countries.
☐ I have earned a 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 your detailed explanations to this appeal form. 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 Bachelor’s or higher Degree, AND/OR have attempted more than 90 units (or more than 180 units for the HIM Bachelor’s Degree pilot program students), please explain why you are enrolled at a community college and the purpose of returning to a two year program.

c) What personal or academic changes have you made to improve your academic progress and/or complete your educational plan this semester?

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

STUDENT CERTIFICATION

Personal Verification List: Is my appeal petition ready for submission to the Financial Aid Office?

Please initial all of the following:

1. ___ The Appeal Form is complete and I have addressed all areas necessary.
2. ___ I have met with an academic counselor to discuss my Financial Aid appeal and prepare my official Student Educational Plan.
3. ___ I am including the Student Educational Plan, signed by the academic counselor, with my appeal form {unless it is already on record in the Financial Aid Office from my prior appeal}.
4. ___ My Student Educational Plan {submitted or on record from a prior appeal} matches my San Diego City College Program of Study {Education Goal}.
5. ___ I am including with my appeal all documents that support my statements of circumstances beyond my control.
6. ___ I am currently enrolled in at least 3 SDCCD units, with at least 1 class at San Diego City College, and ALL of my units are required according to my Student Educational Plan included with this appeal form.
7. ___ I am aware that if my Student Educational Plan does not match my stated Program of Study & Educational Goal listed on this Appeal Form, my appeal will be automatically denied. I am also aware that all Appeal Decisions are Final.

12. SIGNATURE ___________________________ DATE ___________________

APPEAL PROCESS

Appeals are reviewed based on the order with which they are received. However, during peak processing periods, which are July – September and December – February, the review process will take up to 6 to 8 weeks or longer. You will be notified by email of the appeal decision.

The decision of the Appeal Committee is FINAL.
NAME: ______________________________  CSID: ______________________

Financial Aid Office Use Only

Appeal decision:

Approved _______  Denied _______  Date: _________________________

Unable to Process Date: ________ __________  By: ___________________________

Appeal Committee Comments

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SLO CRITERIA:

☐ Y  ☐ N  Student demonstrated valid extenuating circumstance(s) in explanation letter?

☐ Y  ☐ N  Student satisfactorily articulated the details of valid extenuating circumstance(s)?

☐ Y  ☐ N  Supporting documents submitted?

☐ Y  ☐ N  Submitted documents correlate to period(s) of poor progress and/or extenuating circumstance(s)?

☐ Y  ☐ N  Attended Appeal Workshop?