

Appeal filing period Deadlines *

FALL 2024
7/22/2024 thru 11/29/2024
SPRING 2025
11/11/2024 thru 5/16/2025
SUMMER 2025
5/12/2025 thru 7/25/2025

***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.**

2024-2025

**Financial Aid SAP
Appeal (MSAPAP)
SAN DIEGO CITY COLLEGE**

1313 Park Blvd, San Diego, CA 92101

Fax (619) 388-3241

General Office Hours: Monday -Thursday: 8:00am - 6:00pm
Friday: 8:00am - 1:00pm (Closed on Fridays during Summer)

FA OFFICE USE ONLY #31

31-APPEAL

Date Rcvd:

Match

Posted By:

STUDENT INFO

PLEASE COMPLETE ENTIRE FORM IN PEN

| | | |
|--------------|---------------|---------------------|
| 1. Last Name | 2. First Name | 3. STUDENT ID # |
| 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: _____

SEMESTER OF APPEAL REQUEST

PLEASE COMPLETE ENTIRE FORM IN PEN

8. I am requesting a review for the following semester: (check only one)

Fall 2024

Spring 2025

Summer 2025

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.

9. Your signature on the back of this form indicates that you understand and 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 request may be denied.

a) I understand that I must have documented extenuating circumstances attached with the appeal form and that if I do have supporting documentation, I must explain why.

b) I am currently enrolled only in classes that are required for the Student Academic Program of Study & Educational Goal listed above.

c) I understand that the appeal decision will be based on the Student Academic 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 Academic Plan, I will need to see a counselor to develop a new Academic Plan. NOTE: You may only follow ONE (1) Official Student Academic Plan.

d) I understand that I am currently **NOT eligible** to receive aid except for (if eligible) the California College Promise Grant (CCPG) previously known as the Board of Governors Enrollment Fee Waiver. I should not rely on receiving any funds until a decision is made. (The CCPG is available to California Residents only, whether or not you have an advanced degree.)

e) 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.

f) 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 campus Loan Deadlines)

g) I understand that at the time of my appeal, the Appeal Committee will review my entire academic history, including current semester enrollment.

h) I understand that an appeal approval cannot re-instate my aid for a prior semester.

i) 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.nslsds.edu.gov}.

Continue on next page

REASON FOR APPEAL

PLEASE COMPLETE ENTIRE FORM IN PEN MSAPAP-#31

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.
- Based on my academic plan, I have attempted more than 150% of the units needed to complete my academic plan including units from all colleges I 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.

PLEASE INCLUDE YOUR STATEMENT TYPED OR IN PEN ONLY

11. Based on your Disqualification reason, 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 did you fail to complete 67% of all units attempted or maintain a cumulative 2.0 GPA.
- b) If you have a Bachelor’s or higher Degree, and/or you have attempted more than 150% of the units needed to complete your academic plan, please explain how your enrollment at a community college will benefit you.
- c) What personal or academic changes have you made to improve your academic progress and/or complete your academic plan this semester?

PLEASE MAKE SURE ALL SUPPORTING DOCUMENTATION IS ATTACHED. PLEASE PRINT YOUR STUDENT ID NUMBER ON EACH ADDITIONAL PAGE YOU PROVIDE. PLEASE NOTE: San Diego City College (part of the SDCCD) is obligated to report any information it receives concerning possible sex or gender-based misconduct, including sexual assault, to the District’s Title IX Coordinator. More information is available at www.sdccd.edu/titleix.”

STUDENT CERTIFICATION

PLEASE COMPLETE ENTIRE FORM IN PEN

Personal Verification List: *By signing this appeal form I acknowledge all of the following:*

- The Appeal Form is complete and I have addressed all areas necessary.
- If needed, I have met with an academic counselor to discuss my Financial Aid appeal and prepare my official Student Academic Plan.
- I am including a copy of my Academic 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}.
- My Academic Plan {submitted or on record from a prior appeal} matches my San Diego City College Program of Study {Education Goal}.
- I am including with my appeal all documents that support my statements of circumstances beyond my control.
- I am currently enrolled and ALL of my units are required according to my Academic Plan included with this appeal form.
- I am aware that if my Academic Plan does not match my stated Program of Study & Educational Goal listed on this Appeal Form, my appeal will be automatically denied. I am aware that all Appeal Decisions are Final.
- Students are **HIGHLY** recommended to attend an Appeal Workshop, visit City Financial Aid and Scholarships website at: <https://www.sdccity.edu/future-students/financialaid/index.aspx> for more details.

12. SIGNATURE _____ DATE _____
SIGN IN PEN ONLY

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 may 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.

Financial Aid Office Use Only

Appeal decision:

Approved _____ Denied _____ Date _____ Unable to Process Date: _____ By: _____

Appeal Committee Comments

Staff Name