

Social Security NNumber:					
MPC Student ID Number					

## 2019-2020 FINANCIAL AID LOSS OF ELIGIBILTY APPEAL REQUEST

Student's Last Name, First Name, Initial	Appeal for: Fall 2019□ Spring 2020□ Summer 2020□				
The reason for your loss of eligibility was (please check all that  A. I did not meet a Cumulative 2.0 Grade Point Avera  B. I did not complete 2/3 of the cumulative units that	age (CGPA).				
DIRECTIONS: Please read before proceeding with this form. All sections must be completed by all students					
✓ Complete the form explaining your 'Special Circumstances' ('Special Circumstances' are one-time life altering event.)					
<ul> <li>✓ Attach a copy of documentation supporting your 'Special Circumstances'.</li> <li>(A request for an appeal will NOT be considered if documentation is not attached. Your appeal will be denied.)</li> </ul>					
<ul> <li>✓ Complete an education plan. The plan must include:</li> <li>□ Description of what you are going to do differently to insure that you are going to make progress</li> </ul>					
<ul> <li>An Ed Plan (see back for listing)</li> <li>List the courses you will be taking during the semester requesting aid.</li> </ul>					
I have met the Financial Aid Loss of Eligibility Appeal by one of  Death in the immediate family (Immediate family met grandchild of the student or of the spouse, spouse, so the student or any relative living in the immediate how Illness that is not chronic to the student  Accident or injury to the student  A onetime life altering event to the student	ans the mother, father, grandmother, grandfather, or a on, son-in-law, daughter, daughter-in-law, and brother, sister of				
Special Circumstances are not: I did not get along with the tea	acher, I could not find a baby sitter, I had to work more hours,				

Studen	it statement of plan to make Sati	sfactory Progre	ss in the future: The plan must includ	de:	
	A proposed plan addressing the ed	ucational difficul	ss in the future: The plan must including ty you were having and how you will er time management, tutoring, etc.)		
		F	d Plan		
Plogso	attached a Comprehensive educat		ped with your counselor), and attach	o it to this form	
rieuse	anachea a Comprehensive eaocai	ion pian (develo	pea wiiri yoor coonselor), aha ahaci	THE TO THIS TOTTH.	
		complete the ab	ove courses during the term specified that is specified will lead to lose of aic		
Stude	nt Signature:		Date:		
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Apped	al Status: For school use only.				
Financi	al Aid was:				
	Reinstated on Probation + Conditions of Reinstatement:				
	Not Reinstated: Why:				
Co	mmittee Signature:	Date:	Committee Signature:	Date:	
Co	mmittee Signature:	Date:	Committee Signature:	Date:	