



Social Security NNumber:											
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MPC Student ID Number											
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2019-2020 California College Promise Grant APPEAL REQUEST

Student's Last Name, First Name, Initial	Appeal for: Fall 2019 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Summer 2020 <input type="checkbox"/>
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The reason for your loss of eligibility was (please check all that apply):

- A.** I did not meet a Semester and/or Cumulative 2.0 Grade Point Average (GPA and/or CGPA).
- B.** I did not complete 50% of the semester and/or cumulative units that I attempted.

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 onetime life altering event.*)
- ✓ **Attach a copy of documentation supporting your 'Special Circumstances'**.
(*A request for an appeal will NOT be considered if documentation is not attached. Your appeal will be denied.*)
- ✓ **Complete an education plan. The plan must include:**
 - Description of what you are going to do differently to insure that you are going to make progress**
 - An Ed Plan (see back for listing)**
List the courses you will be taking during the semester requesting aid.

I have met the Financial Aid Loss of Eligibility Appeal by one of the following conditions and have attached documentation:

- Death in the immediate family** (*Immediate family means the mother, father, grandmother, grandfather, or a grandchild of the student or of the spouse, spouse, son, son-in-law, daughter, daughter-in-law, and brother, sister of the student or any relative living in the immediate household of the student*)
- Illness that is not chronic to the student**
- Accident or injury to the student**
- A onetime life altering event to the student**

Special Circumstances are not: I did not get along with the teacher, I could not find a baby sitter, I had to work more hours, or other Life management difficulty. (If you need additional space please attach another page)

Student statement of plan to make Satisfactory Progress in the future: *The plan must include:*

- A proposed plan addressing the educational difficulty you were having and how you will handle the difficulty in the future. (i.e: reduction of units, 300 level courses, better time management, tutoring, etc.)

Ed Plan

Please attached a Comprehensive education plan (developed with your counselor), and attach it to this form.

- ✓ Failure to complete this form will result in a denial to your appeal.
- ✓ I understand that I am required to complete the above courses during the term specified to receive financial aid.
- ✓ Failure to complete the courses above in the term that is specified will lead to lose of aid without an appeal.
- ✓ If appeal approved no additions or deletions to this appeal will be considered.

Student Signature: _____ **Date:** _____

Appeal Status: For school use only.

Financial Aid was:

- Reinstated on Probation + Conditions of Reinstatement: _____

- Not Reinstated: Why: _____

Committee Signature: _____ **Date:** _____ **Committee Signature:** _____ **Date:** _____

Committee Signature: _____ **Date:** _____ **Committee Signature:** _____ **Date:** _____