



Social Security NNumber:

Grid for Social Security Number

MPC Student ID Number

Grid for MPC Student ID Number

2020-2021 FINANCIAL AID LOSS OF ELIGIBILITY APPEAL REQUEST

Student's Last Name, First Name, Initial

Appeal for: Fall 2020 Spring 2021 Summer 2021

The reason for your loss of eligibility was (please check all that apply):

- A. I did not meet a Cumulative 2.0 Grade Point Average (CGPA).
B. I did not complete 2/3 of the 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'
Attach a copy of documentation supporting your 'Special Circumstances'.
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
Illness that is not chronic to the student
Accident or injury to the student
A onetime life altering event to the student

Horizontal lines for providing additional information or documentation details.

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:** _____