



Social Security NNumber:

Grid for Social Security Number

MPC Student ID Number

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2021-2022 FINANCIAL AID LOSS OF ELIGIBILITY APPEAL REQUEST

Student's Last Name, First Name, Initial

Appeal for: Fall 2021 Spring 2022 Summer 2022

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)

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.

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.

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:** _____