

| Social Security NNumber: |
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|                          |
| MPC Student ID Number    |
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## 2022-2023 FINANCIAL AID LOSS OF ELIGIBILTY APPEAL REQUEST

| Student's Last Name, First Name, Initial  | Appeal for: Fall 2022 Spring 2023 Summer 2023  |  |  |
|---|--|--|--|
| <ul> <li>The reason for your loss of eligibility was (please check all that apply):</li> <li>A. I did not meet a Cumulative 2.0 Grade Point Average (CGPA).</li> <li>B. I did not complete 2/3 of the cumulative units that I attempted.</li> </ul>   |  |  |  |
| <ul> <li>DIRECTIONS: Please read before proceeding with this form. All sections must be completed by all students.</li> <li>Processing of this form could take up to 15 business days. Longer during peak times.</li> <li>Complete the form explaining your 'Special Circumstances'<br/>('Special Circumstances' are onetime life altering event.)</li> </ul> |  |  |  |
| <ul> <li>Attach a copy of third party documentation supporting your 'Special Circumstances'.<br/>(A request for an appeal will <u>NOT</u> be considered if documentation is not attached. Your appeal will be denied.)</li> <li>Complete an education plan. <u>The plan must include:</u></li> </ul>  |  |  |  |
| <ul> <li>Description of what you are going to do differently to insure that you are going to make progress</li> <li>An Ed Plan (Complete a comprehensive Ed Plan with your academic advisor/counselor.)</li> </ul>  |  |  |  |
| I have met the Financial Aid Loss of Eligibility Appeal by one of <ul> <li>Death in the immediate family (Immediate family metagrandfather, sibling and parent-in-laws.)</li> <li>Illness that is not chronic to the student</li> <li>Accident or injury to the student</li> <li>A onetime life altering event to the student</li> </ul>                      | the following conditions and have attached documentation:<br>ans the student's mother, father, spouse, child, grandmother, |  |  |
| 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 Satisfacto  | ory Progress in the future: The plan must include  | 2:                          |
|---|--|-----------------------------|
|   | nal difficulty you were having and how you will ho<br>urses, better time management, tutoring, etc.) | andle the difficulty in the |
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|   |  |                             |
| Ed Plan   |  |                             |
| I have met with the student and attached is student needs to complete.  | the comprehensive educational plan listing   | the courses that the        |
| Counselor's Signature:  | Date:  |                             |
| Your signature below acknowledges that yo   | Student Certification<br>u have read and understand the following restriction                        | s:                          |
| Failure to complete all section of this form will result in a denial of the appeal.   |  |                             |
| I will not be funded for courses other than those listed on the educational plan.   |  |                             |
| If I enroll in courses not listed on the plan, I will be placed on Permanent Loss of Eligibility. I will have no more<br>financial aid eligibility here at MPC.   |  |                             |
| <ul> <li>I understand no changes may be made to the educational plan, unless I contact financial aid office prior to the</li> </ul>   |  |                             |
| beginning of the semester and complete the Change of My MAP Form.   |  |                             |
| I must complete all courses with a minimum semester and cumulative GPA of 2.0 or better and a semester and<br>cumulative Pace Progression of 2/3 or better. Failure to meet these requirements will result in a Permanent Loss or<br>Eligibility. |  |                             |
|   |  |                             |
| Student's Signature   | Date   |                             |
| Appeal Status: For school use only.   |  |                             |
| Financial Aid was:  |  |                             |
| Reinstated on Probation + Conditions of R   | Reinstatement:   |                             |
| Not Reinstated: Why:  |  |                             |
| Committee Signature:  | Date: Committee Signature:   | _Date:                      |
|   |  |                             |
| Comminee signature:   | Date: Committee Signature:   | Date:                       |