

Social Security NNumber:
MPC Student ID Number

2022-2023 FINANCIAL AID LOSS OF ELIGIBILTY APPEAL REQUEST

Student's Last Name, First Name, Initial	Appeal for: Fall 2022 Spring 2023 Summer 2023		
 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. Processing of this form could take up to 15 business days. Longer during peak times. Complete the form explaining your 'Special Circumstances' ('Special Circumstances' are onetime life altering event.) 			
 Attach a copy of third party documentation supporting your 'Special Circumstances'. (A request for an appeal will <u>NOT</u> be considered if documentation is not attached. Your appeal will be denied.) Complete an education plan. <u>The plan must include:</u> 			
 Description of what you are going to do differently to insure that you are going to make progress An Ed Plan (Complete a comprehensive Ed Plan with your academic advisor/counselor.) 			
I have met the Financial Aid Loss of Eligibility Appeal by one of Death in the immediate family (Immediate family metagrandfather, sibling and parent-in-laws.) Illness that is not chronic to the student Accident or injury to the student A onetime life altering event to the student 	the following conditions and have attached documentation: 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 urses, better time management, tutoring, etc.)	andle the difficulty in the
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 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 financial aid eligibility here at MPC.		
 I understand no changes may be made to the educational plan, unless I contact financial aid office prior to the 		
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 cumulative Pace Progression of 2/3 or better. Failure to meet these requirements will result in a Permanent Loss or 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: