

Social Security NNumber:											
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MPC Student ID Number											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2023-2024 FINANCIAL AID LOSS OF ELIGIBILITY APPEAL REQUEST

Student's Last Name, First Name, Initial	Appeal for: Fall 2023 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2024 <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 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 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 (Complete a comprehensive Ed Plan with your academic advisor/counselor.)

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 student's mother, father, spouse, child, grandmother, grandfather, 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**

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

I have met with the student and attached is the comprehensive educational plan listing the courses that the student needs to complete.

Counselor's Signature: _____ Date: _____

Student Certification

Your signature below acknowledges that you have read and understand the following restrictions:

- 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 of Eligibility.

Student's 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:** _____