



2018-2019 Financial Aid Appeal Form

Please check term:		Fall 2018	Spring 2019	Summer 2019	
Complete this form if you wish to appeal your academic status for the semester and/or school year. Once completed, submit this form to the Financial Aid Office at your District College.					
	Last Name	Fi	rst Name	Student ID Number	
Sectio	n A - REASON FOI	R APPEAL AND REQU	IRED DOCUMENTATION		
emerg	gency, etc.) with the be submitted toge	nis petition, if that is t	he bases for requesting a	cumentation (i.e. illness, family in exception. All required documents on will result in your appeal being	
□ DIS	QUALIFICATION D	UE TO (SAP) SATISFA	CTORY ACADEMIC PROG	GRESS (Not meeting GPA/Pace Rate)	
> >	created an accor Cañada College-l College of San M Skyline College-l	unt, you will be requintp://canadacollegelateo-http://collegeonttp://skylinecollege.	red to do so: .get-counseling.com/flag- fsanmateo.get-counseling get-counseling.com/flag-s	g.com/flag-session/8873+8889	
>	paper. Explain any circur or continuation of Explain how you studies and main	nstances you believe of Financial Aid. Be sp intend to resolve the itaining good SAP at y	should be considered in recific and submit support circumstance(s) as it rela	ates to successfully completing your	
>	SEP must be curr	ent, long term, and r	nust show educational go		
	Explain any circu	mstances you believe		typed letter on separate sheet of paper reviewing your appeal for exceeded nentation.	
□ >		•	P) – signed by student ar		

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