



2023-2024
Financial Aid Appeal Form

Last Name: _____ First Name: _____ Student ID#: _____

Address _____ City _____ State/Zip _____ Phone # _____

This Appeal form is for students who are on Financial Aid Dismissal due to one or more of the following reasons: (Please check all boxes that apply)

- Grade Point Average is below 2.0 – Cumulative
- Completed Less than 66.7% of attempted units - Term and Cumulative
- Completed and/or attempted more than 150% of declared academic major

Term Applying for Appeal:
 Fall___ Spring___ Summer___

DEADLINES to Submit Appeals:

- Fall Semester – **November 20, 2023**
- Spring Semester – **April 29, 2024**
- Summer Semester – **July 8, 2024**

INSTRUCTIONS

Complete and submit ALL required items outlined below to the Financial Aid Office. The information provided on this Appeal Form will ultimately determine your eligibility to receive Financial Aid.

1. Complete this form and select which reason you are appealing for the **affected semester**. Also provide documentation to support extenuating circumstance that pertains to your case.

Must select one:

- Death of immediate family member (copy of obituary or death certificate)
- Serious illness or injury (physician’s note)
- Involuntary job transfer or military service (official notice on company letterhead or military orders)
- Recalled in support of national emergency (official notice)
- Victim of crime (police report number or letter from service agency)
- Institutional error (written verification from BCC faculty/staff)
- Natural disaster/evacuation (official notice)
- New career path/Job Loss (personal statement of loss in employment leading to change in career path)

2. Complete “The Key Components to the Satisfactory Academic Progress (SAP) Financial Aid Appeal Process” section by visiting: <https://berkeleycitycollege.get-counseling.com/> (print out confirmation of completion)
3. Submit Student **Comprehensive** Educational Plan (SEP) developed by counselor to demonstrate potential successful completion.
4. How do you plan to be successful and what strategies are you adopting in order to meet the requirements of satisfactory academic progress:

Student Name (Please Print)

Student ID #

STUDENT CERTIFICATION: I certify that all statements and/or supporting documentation are true and correct to the best of my knowledge. Any false statement or misrepresentation will be cause for denial. The appeal decision is FINAL. I acknowledge that I have read the Peralta Community College District's Satisfactory Academic Progress (SAP) policy. To view the SAP policy visit: <http://web.peralta.edu/financial-aid/sap/>

STUDENT'S SIGNATURE: _____ DATE: _____

THIS SECTION FOR COUNSELOR CERTIFICATION AND COMMENTS

- ▶ Student's Education Objective at PCCD:
 - [] AA/AS - (Degree Major: _____)
 - [] Certificate - (Type: _____)
 - [] Transfer - (Program Major: _____ Potential college: _____)

▶ Student's Expected Completion Date at PCCD: _____

▶ Counselor's Comments (optional): _____

Counselor's signature: _____ Date: _____