



TITLE IV REQUEST FOR APPEAL

Name: _____ Student No.: _____

Address: _____ Phone: _____

City, State, Zip _____ Semester of Appeal: _____

I wish to appeal for reinstatement of my Title IV financial aid at LCCC.

- You are highly encouraged to provide documentation with this appeal.
- Only one Appeal will be accepted per semester.
- If you need more space than provided on this sheet, please write on additional paper & attach.

What are the unusual or extenuating circumstances that explain:

- Why haven't you completed the required number of credit hours necessary to continue receiving financial aid?
- Why have you been enrolled at LCCC longer than the required time frame policy allows?

Explain what you have done or will do to correct the problem stated above and be successful during your next semester at LCCC?

What is your curriculum (degree program) at LCCC?

Are you enrolled in or working towards a degree with the University Partnership? Yes No

If yes, name of University Partner _____ UP Major _____

If you have changed curriculums at LCCC, what was your previous curriculum and why did you change?

When do you expect to graduate from LCCC? _____

How many additional credit hours of instruction are you requesting for Title IV funding?

Student's Signature: _____ Date: _____

| | |
|--|-----------------------------|
| Staff Verification: _____ | Date Received _____ |
| Student has declared Major: <input type="checkbox"/> Yes <input type="checkbox"/> No | Recorded on Checklist _____ |

OFFICE USE ONLY

Academic Information

Academic Plans # ____ / Dates _____ Success Plans # ____ Dates / _____

Hrs. Enrolled: _____ Hrs. Comp. _____ Completion Rate: _____ Required Rate: _____

GPA: _____

No. Previous Appeals: _____

Appeals Forgiven: _____

Committee Appeal Form

| #1 | #2 | #3 | #4 | | Date | Comment |
|--------------------------|--------------------------|--------------------------|--------------------------|--|------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Approved –(can rehab in one term)</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Making Progress | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time lapse | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Document supports appeal | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repeating courses | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Meet with Retention Counselor – Success Plan</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Early intervention needed | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Needs personal counseling. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss strategies to raise GPA | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Meet with Counselor – Academic Plan</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Career Counseling – Student is undecided major | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Focus on success and completion | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excessive hours – want a plan for degree completion | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time lapse | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In clinicals | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Denied</u> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self-pay this semester then may resubmit | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excessive appeals | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excessive W's, D's and F's | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Low GPA over numerous semesters | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Failure to comply with Success/Academic plan | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | | |

Note: Once 2 committee members agree, appeal does not need to be processed further.