



**SATISFACTORY PROGRESS REVIEW COMMITTEE  
TITLE IV REQUEST FOR APPEAL**

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Semester of Appeal: \_\_\_\_\_

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

*Please answer the following questions that relate to your appeal.*

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?
- For student loan recipients, why haven't you maintained a minimum 2.0 cumulative grade point average?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_

**If you need more space than provided on this sheet, please write on additional paper & attach.**

**Provide documentation that supports your appeal (i.e., Dr.'s excuse, etc.)**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## OFFICE USE ONLY

### Time Frame

Time Frame Hours Enrolled: \_\_\_\_\_ Time Frame Hours Allowed: \_\_\_\_\_

Time Frame Hours Remaining: \_\_\_\_\_

### Completion Rate

Min. Comp. Hrs. Enrolled: \_\_\_\_\_ Min. Comp. Hrs. Comp. \_\_\_\_\_

Completion Rate: \_\_\_\_\_ Required Completion Rate: \_\_\_\_\_

GPA: \_\_\_\_\_

Number of Previous Appeals: \_\_\_\_\_ Number of Appeals Forgiven: \_\_\_\_\_

Extra Hours Previously Given: \_\_\_\_\_ Terms Previously Forgiven: \_\_\_\_\_

### Committee Appeal Form

<u>Refer to Counselor to complete an Academic Plan</u>	<u>Refer to Retention Counselor for Academic Success Program</u>	<u>Student Loan GPA Appeal – Refer to Counselor, or Academic Advisor for Student Success Contract</u>	<u>Approved</u>	<u>Denied</u>	<u>Other – See Comments</u>	<u>Date</u>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

