

**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 you haven't completed the required number of credit hours necessary to continue receiving financial aid, or
- why you've 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 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: _____

Return this form to the LCCC Financial Services Center