



Financial Aid Appeal Form

Last Name (Please Print)	First Name	M.I.	Student ID#		
Address	City	State/Zip	Phone #		
THE APPEAL FORM IS	FOR STUDENTS WHO ARE ON	FINANCIAL AID D	ISMISSAL DUE TO	ONE	
OR MORE OF THE FOLLOWING REASONS: Cumulative Grade Point Average below a 2.0.		DEADLINEST	DEADLINES To Submit Appeals:		
	e Point Average below a 2.0. S Completion Rate less than 66.	———	PPEAL TO MERFINAID@PERA	— ALTA EDII	
	npted Units more than 150% of			<u>ETR.EDC</u>	
declared academic major.			☐ Fall Semester – November 21, 2022 ☐ Spring Semester – May 1, 2023		
INSTRUCTIONS:			☐ Summer Semester – May 1, 2023		

Provide the required documents below. The information provided on this Appeal Form will ultimately determine your eligibility to receive Financial Aid.

- o Completion of this Form: Student Personal Statement explaining the circumstances that caused your dismissal.
- Updated Comprehensive Student Educational Plan (SEP) completed by a Peralta Counselor.
 (Appointments are necessary to meet with Academic Counselors for completion of a SEP.)
- Complete "The Key Components to the Satisfactory Academic Progress (SAP) Financial Aid Appeal Process" section by visiting https://merritt.get-counseling.com/ (print out confirmation of completion.)
- PCCD Academic Unofficial Transcript (include Current Courses.)
- Documentation that can support your Personal Statement. Providing sufficient documentation may be the difference between the approval or denial of your Appeal. For example:
 - Medical Documents: Doctor's statement, Medical bills, etc...
 - **Death Certificate.**
 - Police Reports or Legal Documentation.
 - ▶ Letters from a professional who can support your circumstances on a letterhead.

The following questions should be addressed in your statement:

- 1. Describe in detail the <u>extenuating circumstances</u> on why you were unable to maintain a cumulative 2.0 and/or complete the minimum required units. (Examples: Illness/Injury of the student, Death of an immediate family member, Medical and/or family emergencies.)
- 2. Explain in specific steps on how you propose to improve your grade point average and/or the completion of your course.
- 3. Explain in detail why you have not completed your Certificate, A.A., A.S., or Transfer program objective within 150% or less program time frame, AND indicate when and how many more units are needed to complete your educational objective.

NOTE:

The following are not extenuating circumstances: Poor study habits, an overload of coursework, lack of preparedness, or did not receive financial aid in a timely manner. Submitting an appeal does not guarantee approval. If your appeal is denied, you will be responsible for all fees associated with your enrollment during the semester.

The Financial Aid Appeal Committee will review the completed Appeal Packet. The committee's decision will be forwarded to the Financial Aid Office (FAO). The FAO will notify you on the appeal decision by email. During peak periods (registration periods) there may be an extended wait time.

THE DECISION OF THE COMMITTEE IS FINAL!











THIS SECTION FOR COUNSELOR CERTIFICATION AND COMME	:NTS			
► Student's Education Objective at PCCD:				
[] AA/AS – (Degree Major:)			
[] Certificate - (Type:	_)			
[] Transfer - (Program Major:Potential college	e:)			
► Student's Expected Completion Date at PCCD:				
► Counselor's Comments (optional):				
COUNSELOR'S SIGNATURE:	DATE:			
STUDENT PERSONAL STATEMENT: (PLEASE WRITE OR TYPE CLEARLY — A SPACE IS NEEDED. ALL ATTACHMENTS MUST HAVE STUDENT'S ID NUMBER AND SIGNOR INSTRUCTIONS IN WRITING YOUR STATEMENT.)				
STUDENT CERTIFICATION: I CERTIFY THAT ALL STATEMENTS AND DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLE STATEMENT OF MISREPRESENTATION WILL BE CAUSE FOR DENIAL.				
STUDENT'S SIGNATURE:	DATE:			

Berkeley City College 2050 Center Street Berkeley, CA 510.981.2805





PLEASE SUBMIT APPEAL TO MERFINAID@PERALTA.EDU BY THE DEADLINE



