RETURN TO:

FINANCIAL AID OFFICE
DIABLO VALLEY COLLEGE
321 GOLF CLUB ROAD
PLEASANT HILL, CA 94523-1544

Name of Financial Aid Applicant (*Please print*)

Last **First** **Middle**

Student I D _____

STUDENT APPEAL FORM
(FOR SUSPENSION OR PROBATION)

Please answer each question carefully and completely. The information you provide on this appeal will determine your eligibility to receive financial aid at DVC (appeal processing may take up to two weeks).

YOU MUST COMPLETE ITEMS 1, 2, 3, AND 4 AND SUBMIT ALL REQUESTED DOCUMENTS AT ONE TIME TO THE FINANCIAL AID OFFICE FOR YOUR APPEAL TO BE REVIEWED.

1. **Term for which you are requesting financial aid, Term:** ☐ Fall ☐ Spring ☐ Summer **Year:** 20_____

2. **Reason(s) for this appeal:**

a. ____ **Financial Aid Suspension** (as defined by the Satisfactory Academic Progress Policy)

b. ____ **Reinstatement for Student Loan Program** (students on probation status)

c. ____ **Other**_____

3. **Complete the "FA Success Seminar"** (go to http://www.dvc.edu/org/departments/financial-aid/online-seminars.htm and click on the "Financial Aid Success Seminar" link. Login: **financialguest** Password: **finance)**

4. Explain your extenuating circumstances below, which made it difficult for you to meet Satisfactory Academic Progress requirements. **Attach supporting documentation, i.e. doctor's statement, medical documents, death certificate, police reports, legal documents, letter from an individual, not related to you, who is aware of your circumstances, etc.** (Attach additional sheets for your explanation, if necessary)

Examples of extenuating circumstances are:

- *Illness / injury of the student*
- *Death of an immediate family member (i.e., parent, sibling, grandparent, spouse, or child)*
- *Other similar extenuating circumstances that prevented the student from meeting Satisfactory Academic Progress*

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I CERTIFY THAT ALL STATEMENTS AND /OR SUPPORTING DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IN ADDITION, BY SIGNING THIS I UNDERSTAND THAT MY APPEAL WILL NOT BE CONSIDERED UNTIL THE REST OF MY FINANCIAL AID FILE IS COMPLETED AND THAT MY APPEAL MAY BE DENIED AT WHICH TIME I WILL NOT BE ELIGIBLE FOR FINANCIAL AID.

STUDENT'S SIGNATURE: _____ DATE: _____