# Financial Aid Suspension Appeal 2014-2015

**NAME: _____________________________ SID#: _____________________________**

<table>
<thead>
<tr>
<th>Reason for Appeal: (Check all that apply):</th>
<th>I am Appealing for the Following Term: (Check ONE)</th>
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</thead>
<tbody>
<tr>
<td>☐ Semester GPA was Below 2.0</td>
<td>☐ Fall 2014 – Appeal Deadline is November 3, 2014</td>
</tr>
<tr>
<td>☐ Cumulative Financial Aid GPA was Below 2.0</td>
<td>☐ Spring 2015 – Appeal Deadline is April 6, 2015</td>
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<tr>
<td>☐ Completed Semester or Cumulative Units was Below 67%</td>
<td>☐ Summer 2015 – Appeal Deadline is July 1, 2015</td>
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## INSTRUCTIONS:

Complete all requirements outlined below before submitting this appeal to the Financial Aid Office. Be thorough as the information provided on this appeal will ultimately determine your eligibility to receive financial aid at DVC.

1. Write or type a **PERSONAL STATEMENT** on a separate piece of paper explaining your situation and attach it to this form. Please address ALL of the questions below in your personal statement:
   
   a.) Federal regulation states that students are not eligible to receive financial aid funds if Satisfactory Academic Progress (SAP) requirements are not met for two (2) consecutive semesters. Why do you feel an exception should be made in your case? What extenuating circumstances occurred that made it difficult for you to meet SAP? Some examples of extenuating circumstances are:
   - Illness/Injury of the student
   - Death of an immediate family member (i.e., parent, sibling, grandparent, spouse or child)
   - Medical and/or Family Emergencies
   
   b.) What changes have you made that will help you meet Satisfactory Academic Progress (SAP) in the future? What steps have you taken (or are you planning to take) in order to meet SAP in the future?

2. Attach **DOCUMENTATION** that can support your personal statement. Please note that providing sufficient documentation may be the difference between the approval or denial of your appeal. Some examples of supporting documentation are:
   - Medical Documentation and/or Doctor’s Statement providing clearance to return to school
   - Death Certificate
   - Police Reports and/or Court or Legal Documentation
   - Letters from a professional on official letterhead who can support your circumstances

**By signing this form, I certify that:** *Initial by each statement*

- I acknowledge that I have read and understand the District’s SAP Policy found on the DVC Financial Aid website.
- I understand that I am **ineligible** for financial aid unless my appeal is approved.
- All statements and/or supporting documentation are true and correct to the best of my knowledge.
- I understand that further documentation may be requested if needed in order to reach a decision.
- Once a decision has been made, I will be notified in writing via the Insite Portal email.
- I understand that appeal processing may take more than 4 to 6 weeks during peak times.
- If my appeal is approved, I must:
  1) Earn at least a 2.0 GPA each Semester and maintain a financial aid Cumulative GPA of at least a 2.0
  2) Complete at least 67% of all units attempted every semester and cumulatively.

**STUDENT’S SIGNATURE: _____________________________ DATE: _____________________________**