



FINANCIAL AID OFFICES APPEAL

COALINGA CAMPUS
300 CHERRY LANE
COALINGA, CA 93210
559-934-2310

LEMOORE CAMPUS
555 COLLEGE AVENUE
LEMOORE, CA 93245
559-934-3310

FIREBAUGH/NDC CAMPUS
1511 NINTH STREET
FIREBAUGH, CA 93622
559-659-1473

FINANCIAL AID APPEAL INSTRUCTIONS

The West Hills College Financial Aid Office is required by federal regulations to monitor student progression toward completion of degree, transfer and certificate programs. Students are evaluated at the end of every term for the purpose of determining satisfactory academic progress (SAP). Students who do not successfully complete the required SAP requirements are ineligible to receive financial aid assistance.

Students, who do not meet SAP requirements and have extenuating circumstances, may file a financial aid appeal to have their financial aid status reviewed.

Financial Aid Appeal Filing Instructions:

Complete the attached Financial Aid Appeal form. Complete all questions in a legible and complete manner. Attach a clear, brief statement of extenuating circumstances, which led to disqualification. Attach a written statement from a professional in support of the extenuating circumstances specified by the student or any supporting documentation that you feel supports your request.

- Your financial aid appeal form must be submitted with a **current Counselor approved educational plan** and any supporting documentation to the Financial Aid Office.

Counselor: _____ Date and Time: _____

- **Your financial aid appeal form will not be reviewed or accepted if:**
 - a. you are not enrolled in classes**
 - b. you do not submit a current Counselor educational plan**
 - c. supporting documentation (if applicable)**
 - c. your financial aid appeal form is incomplete**

Submit your financial aid appeal form and your educational plan to the Financial Aid Office at your respective campus. Please allow approximately 2 weeks for your appeal to be reviewed. You will be notified of the decision by e-mail.

Students may appeal a denied petition with the Financial Aid Director. Decisions of the Director of Financial Aid are final.

If you need further clarification or assistance please contact the Financial Aid Office at your respective campus.



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First Name Last Name

Student ID #

Address

_____/_____/_____
Date of Birth

City State Zip

_____-_____-_____
Home Phone Number

INSTRUCTIONS:

1. List specific reasons for appeal. Include a clear, brief statement of extenuating circumstances, which led to disqualification. Attach additional pages, if necessary.
2. The Financial Aid Appeal Form **MUST BE ACCOMPANIED BY A COUNSELOR-APPROVED STUDENT EDUCATIONAL PLAN (SEP)** listing specific courses to be taken during the award period.
3. Appeal **MUST BE ACCOMPANIED BY A WRITTEN, THIRD PARTY DOCUMENTATION FROM A PROFESSIONAL** to support the extenuating circumstances specified by the student. Third party documentation is not required when petitioning for 90+ units or A.A. Degree/Certificate

Student will be notified by e-mail of action taken. If you are approved below for only ONE SEMESTER, you must file an appeal again for the next semester.

Award period for which you are requesting eligibility: Fall 200 ____ Spring 200 ____ Summer 200 ____

I have attached my explanation of extenuating circumstances, which led to disqualification:

Student Signature

_____/_____/_____
Date

~ Office Use Only ~

Reason for Disqualification:

- Semester or Cumulative GPA less than 2.0
- Inadequate academic progress
- 90+ completed units
- AA/AS Degree or Certificate attained

Applicable Semester: _____

Conditions: _____

Reason for Denial: _____

Appeal Approved Appeal Denied

FA200__ SP200__ SU200__

Continuous approval through: _____

Probation Continued Other: _____

Evaluate again: _____

Counselor's Comments: _____

Comments: _____

Counselor _____ Date _____ FAC _____ Date _____

Re-evaluated
FAD _____

Date _____