

Am I Eligible to Appeal my Financial Aid Denial? 2019-20

For Satisfactory Academic Progress (SAP)

1. Do you have a qualifying extenuating circumstance that explains why you did not meet the 70% unit completion and/or 2.0 GPA standard?
 - Yes** – Continue to Question 2

Qualifying Circumstances

 - an unanticipated serious personal medical or psychological issue (*excluding chronic conditions – students are responsible for properly balancing school with known chronic conditions*)
 - death of an immediate family member (*spouse, sibling, parent, child, grandparent, in-laws*)
 - personal/family emergency (*accident or serious illness*) - No** – You are NOT eligible to appeal your SAP denial status. You must self-pay until you meet SAP standards and submit a **Request to Review Transcripts** to get re-instated.
- NOT Qualifying Circumstances**
- difficulty adjusting to college
 - the difficulty of a course; dropping a course to avoid a bad grade
 - the teaching method or dislike of an instructor
 - Not receiving financial aid or getting a later disbursement than you expected
2. Can you provide documentation to support your extenuating circumstance from a third party (*not a relative or friend*)? (*see below for documentation requirements*)
 - Yes** – You are eligible to appeal your SAP status. Complete the rest of this packet and go to Student Services to schedule an Appeal appointment.
 - No** – You are NOT eligible to appeal your SAP denial status. You must self-pay until you meet SAP standards and submit a **Request to Review Transcripts** to get re-instated.

Unanticipated medical or psychological difficulty

 - Doctor/ therapist's statement explaining your circumstances
 - Doctor/therapist's medical release for return to school

Personal or family emergency

 - Statement(s) from family counselor, case manager, child care provider, clergy, etc. explaining your circumstances (must be typed on letterhead and signed)
 - Police reports, court documents, etc

Death of an immediate family member

 - Copy of death certificate, funeral announcement or obituary from newspaper

Extenuating personal circumstances (ex: marital problems, employment issues)

 - Copies of separation or divorce papers
 - Statement(s) from personal counselor, therapist, clergy, instructor, or other professional explaining circumstances
 - Letter from employer (must be on typed letterhead and signed)

Instructions:

3. Complete all 3 attached Financial Aid Appeal Forms (Terms of Agreement, Appeal Form & Statement)
4. Explain in detail, the extenuating circumstances which explain why you did not meet the Satisfactory Academic Progress standards.
5. This Financial Aid Appeal Packet **MUST** be accompanied by a counselor-approved student educational Plan (SEP) listing the specific courses you are to take each term to complete your academic program.
6. Appeal statements **MUST** be accompanied by documentation to support the extenuating circumstances specified by the student. Your statement, transcripts, and SEP are **NOT** documentation.
7. Allow up to two weeks for processing (longer at the beginning of each semester). **Student will be notified by e-mail of action taken.** A copy of the decision page will be mailed.



First Name

Last Name

WHC ID #

(Initial after you have read each statement)

_____ I have read and understand the WHCCD Financial Aid Satisfactory Academic Progress (SAP) Policy. I understand that submission of an appeal does not guarantee reinstatement.

_____ I understand West Hills College is required by federal regulations to evaluate student progress toward completion of a degree, transfer, and certificate programs at the end of every term. Students who do not successfully meet the required SAP requirements are ineligible to receive financial aid assistance.

_____ Out-of-State Students: I understand I am responsible for the payment of tuition and fees while waiting for a decision. My failure to pay will result in the cancellation of my classes.

_____ I have met with a counselor/academic advisor to develop an Ed plan. I will adhere to the plan, successfully complete courses, and maintain satisfactory academic standards.

_____ If my appeal is approved I understand I must complete 70% of my units each term with a GPA of 2.0 or higher to remain eligible for financial aid. I understand that failure to do so will result in becoming ineligible for financial aid.

_____ If my appeal is denied and I have a pending financial aid award(s) for the upcoming term, including loans, I understand the award(s) will be removed and if applicable, I will be responsible for the payment of my tuition/fees unless I have a BOG Fee Waiver.

_____ I understand my appeal will automatically be denied if I do not have a current Ed Plan, do not have documentation, or left any portion of the Appeal Packet incomplete.

_____ I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of financial aid and may subject me to criminal charges.



Reason for Financial Aid Denial

- Semester or cumulative GPA less than 2.0
_____ Term/Year
- Unit completion requirement not met.
_____ Term/Year

_____ WHC ID#

_____ Phone Number

_____ First Name

_____ Last Name

_____ Mailing Address

_____ City

_____ State

_____ Zip

1. Have you previously submitted an appeal? Yes No

If yes, when and what were the circumstances of your appeal?

2. For which award period are you requesting reinstatement of financial aid? (*Choose Only One*)

- Summer 2019 Fall 2019 Spring 2020 Summer 2020

3. I have attached my explanation of extenuating circumstances and included documentation. Yes No

4. I have attached my counselor-approved student educational plan (SEP). Yes No

My signature below certifies that the information provided in this packet is complete and accurate to the best of my knowledge.

_____ Student Signature

_____ Date

For Financial Aid Use Only

Term: Summer 2019 Fall 2019 Spring 2020 Summer 2020

Continuous approval through: _____

Action taken:

Probation Evaluate again: _____

Financial aid comments:

FAO Initials: _____ Date: _____

Financial Aid Offices

Lemoore Campus
555 College Ave
Lemoore, CA 93245
559-925-3310

Coalinga Campus
300 W. Cherry Ln.
Coalinga, CA 93210
559-934-2310

NDC Campus
1511 Ninth St.
Firebaugh, CA 93622
559-934-2961



First Name

Last Name

WHC Id #

Important Instructions:

1. Answer all parts of each question in detail, providing a clear explanation of extenuating circumstances. Be sure to include dates of events. These dates **MUST** relate to those in which you failed SAP standards.
 2. Attach documentation that supports your statement. See the chart on Page 1 for examples.
Please Note: Your statement is NOT documentation and appeals without proper documentation will automatically be denied.
 3. Review all forms before submitting them to ensure you have answered all parts of each question and attach proper documentation.
1. *Explain in detail the circumstances beyond your control that led to your denial (attach an additional sheet if necessary). Please provide dates if applicable.*

2. *Briefly explain how the situation you described Question 1 has been resolved or what action you have taken to resolve it.*

Have you attached documentation that supports the claims made in Question 1?

- Yes
- No *If no, your appeal will automatically be denied.