Completed Financial Aid Appeal Forms will be accepted and reviewed:

**May 31 - June 14, 2016.**

(If you are aware that you will be in Unsatisfactory Academic Progress after spring 2016 grades are posted, you can submit your appeal form early. Remember, you are responsible for being aware of your academic progress on the classroom)

*Financial Aid Appeals received on or after June 15th, 2016 will be reviewed in date order, but if they are approved, it will be for Fall 2016.*
Financial Aid Appeal Form

Are you enrolling in Summer term classes?  □ Yes  □ No

Last Name: ___________________________  First Name: ___________________________

SSN#_________________________  Daytime Phone #______________________________

E-Mail Address: __________________________

Notes to Student: Financial Aid is NOT awarded retroactively for a prior term in which your Satisfactory Academic Progress was “Unsatisfactory”. Don’t forget to do your Student Success Plan too.

Definition of Extenuating Circumstances: Per Federal Regulations, extenuating circumstances are defined as: Appeals may be granted for students who fail to complete their courses because of injury or illness, the death of a relative, or other special circumstances which fall beyond the student’s control. Documentation Required.

Circumstances which are not considered extenuating are: Incarceration, poor choice of classes, poor progress due to employment obligations, personal problems involving moving, childcare, relationship issues, loss of roommate, transportation difficulties and other similar problems.

Documentation: Appropriate documentation of your extenuating circumstances must accompany this appeal. Examples of appropriate documentation include notes from a Health Care Provider(s), counselors and social workers. Police Reports, death notices and court reports may be used to document your circumstance. Notes from family members and friends do not constitute adequate documentation.

1. In your own words explain why you did not achieve the required credits and/or grade point average. (Be specific. Attach documentation and extra sheet if necessary)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Indicate what actions you plan to implement to prevent or correct this situation in the future at LBCC. (Attach extra sheet if necessary)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature ___________________________  Date ___________________________
This Section for Financial Aid Office Only

- Appeal Approved
- Appeal Denied
- Restricted Approval
- Appeal Requirements Met
- Appeal Requirements NOT Met
- Appeal Tabled (needs more info)
- Tabled Date: __________

**Recommendations:**

- Student must satisfactorily complete 100% of attempted credits per term with a quarterly GPA of 2.00 [C Average] or better.

- Student must raise cumulative completion rate of 70% with a cumulative 2.00 GPA before being reinstated.

**Comments:**

__________________________
__________________________
__________________________

Is the student enrolled in Summer term classes?  Yes  No

Financial Aid Advisor Signature  (Date)  Financial Aid Director or Assistant Director of FA  (Date)
Student Success Resource Recommendations
(to be filled out by Advisor, indicating recommendations for this student’s success)

Student Name ____________________________  ID # _____________________

Program of Study _________________________  Date: ____________________

Primary Advisor: __________________________

Advisor Recommendations:

__ Use Learning Center resources (WH, 2nd floor; Lebanon Center; Benton Center)
___ Tutoring  ___ Writing Help Desk  ___ Math Help Desk
___ Math Angle  ___ Study Skills Zone  ___ Study in Learning Center
__ Disability Services (RCH 105)
___ Retake placement test (RCH 111)  ___ Math  ___ Reading  ___ Writing
___ See a counselor in the Career and Counseling Center (Takena Hall, first floor)
___ Access Career Information System - CIS in the Career Center (Takena Hall, first floor)
___ Follow-up appt with _________________________, on ______________, at _________

Comments or Additional Notes: ___________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_________________________________________  _________________________________________
Student Signature  Signature of Academic Advisor approving this plan

Please print advisor’s name

Linn-Benton Community College is an equal opportunity educator and employer. i:kc advising 2.11.2014
**Signature of Academic Advisor Who Approved Plan**

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**Writing:** 90 □ 95 □ 115 □ 121 □
**Reading:**ALS 100 □ ALS 115 □ RD 120 □
**Math:** 20 □ 60 □ 65 □ 95 □ 111 □

**Computerized Placement Test Results:**

**Total credits earned toward degree:**

**Education Plan**

**Advisor E-mail:**

**Advisor Phone:**

**Academic Advisor:**

**Major:**

**Degree:**

**A.S. Degree:**

**A.A. Degree:**

**A.O.T. Degree:**

**A.S.-O.U. Degree:**

**Certificate:**

**E-mail:**

**Student ID:**

**Name:**

**Date:**