APPEAL FOR EXTENDED FINANCIAL AID PROBATION

Please submit this completed form to the Foothill College Financial Aid Office.

Name: ___________________________________ SID: _______________________________
Email for response: ________________________________ Contact Phone #: __________________

This form is for students who are disqualified from financial aid for not meeting the satisfactory academic progress (SAP) requirements for the Financial Aid Office. This appeal form can only be used if:

- Student is enrolled in at least six units.
- Student has already finished their financial aid application
- Student has not been considered for an appeal previously
- Student has failed to meet the SAP requirements for no more than two (2) quarters in a row AND

Your appeal will be reviewed and you should expect an email response. If granted, this appeal will provide one more quarter of probation, which will temporarily allow payment of eligible aid. If not granted, you must reinstate yourself to good standing.

Explain why you did NOT earn the required units or GPA in the following two quarters:
___________ & ___________ (List quarters). Documentation may be attached, but is not necessary.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Explain what will be different next quarter. What changes have you taken to improve, change, resolve, or mitigate the above issues so that you WILL earn the required units or GPA next quarter?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

OVER
Name: ___________________________________ SID: __________________________________

* Are you part of any special programs? (E.g., Adaptive Learning, Athletics, CARE, DSS, EOPS, OTI, SS&RSC etc.) No / Yes
  If yes, which one(s)? ________________________________________________________________

* When did you last meet with a counselor or advisor? ______ Who did you see? __________
  ___ I have not met with a counselor or advisor.

  What issues or difficulties did you discuss with the counselor?
  ________________________________________________________________________________
  ________________________________________________________________________________

  Did you speak with any of your teachers about your academic difficulties? Yes ___ No ___
  If so, who and what was their advice?
  ________________________________________________________________________________
  ________________________________________________________________________________

* Are you currently working? ______ If so, how many hours per week? ______

  Were you working when you did not meet the requirements and became disqualified? ______
  If so, how many hours per week? ________

* What tutoring help are/were you using to help you succeed in your classes?
  ________________________________________________________________________________
  ________________________________________________________________________________

* How would you rate your study habits (1-10 with 1 being very strong and 10 being very weak)?
  ________________________________________________________________________________

* How would you rate your English abilities (1-10 with 1 being very strong and 10 being very weak)?
  ________________________________________________________________________________

* What advice would you give other students who are also struggling to be successful in college?
  ________________________________________________________________________________
  ________________________________________________________________________________
  ________________________________________________________________________________

Student Signature:  ___________________________________________ Date: ___________________

FOR OFFICE USE ONLY

Approved: □   Denied: □   Notification: e-mailed □  called □  spoke to in person □

Comment: _______________________________________________________________

Signature: ___________________________________________ Date: _________________

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