

Return to:

Ohlone College

Financial Aid Office
Building 7, 2nd Floor
43600 Mission Blvd.
Fremont, CA 94539
510-659-7309 (Fax)
financial_aid@ohlone.edu



Financial Aid Application for Appeal Instructions

IMPORTANT: Your Appeal will **not** be considered if your financial aid file is **incomplete and** you submit your Appeal **without** a signed Student Education Plan (SEP).

Financial Aid Disqualification Status:

You have been disqualified from financial aid due to not making satisfactory academic progress for two semesters. Please do the following before any aid can be determined:

- A. Complete the financial aid Application for Appeal. Explain the *extenuating circumstances or reasons that were beyond your control* that resulted in your disqualification. Attach all verification documents to the application (including third-party statement if applicable) and signature.
- B. Schedule an appointment with a Counselor in the Counseling Department to get a Student Education Plan (SEP). NOTE: **EOPS students** – you must meet with the EOPS Counselor to complete your SEP.

The SEP must **ONLY** include required classes for the terms you are appealing and any additional classes you need to complete **one** degree program at Ohlone College. Courses previously completed with a letter D or higher will not be considered.

- C. Return the completed Application for Appeal, SEP, and all other supporting documentation to the Financial Aid Office as soon as possible.

Financial Aid Excessive/Maximum Timeframe Status:

Federal Regulation allows up to 150% Maximum Timeframe to be considered for aid. You are required to submit the Application for Appeal and a signed Student Education Plan once you have attempted 85% of the Maximum Timeframe. Please do the following before any aid can be determined:

- A. Complete the Financial Aid Application for Appeal: Explain the reasons why you have so many credits attempted (i.e., taken a number of developmental English or Math classes, ESLs, high units major).
- B. Follow the instructions listed in B and C above.

(Over)

**OHLONE COLLEGE - FINANCIAL AID OFFICE
APPLICATION FOR APPEAL**

Please print or type the following:

Name: _____
Last, First MI Student ID Number

Address: _____
Telephone Number

City, St., Zip: _____

Term: Fall _____ Spring _____ Summer _____

STUDENT'S STATEMENT OF EXTENUATING CIRCUMSTANCES:

Attach additional sheet if necessary.

Student's Signature Date See Additional Sheet

Third-Party Verification (If applicable)

Signature Date

PLEASE DO NOT WRITE BELOW THIS LINE

APPEAL DECISION Approved Denied

Comments: _____

Financial Aid Official's Signature Date