

FINANCIAL AID APPEAL

COLLEGE OF THE SISKIYOU

Financial Aid Office
 800 College Avenue, Weed, CA 96094
 (530) 938-5209

Name _____			Last 4 Digits of SSN _____		
Last	First	Middle Initial			
Address _____					
Street	Apt.	City	State	Zip	
Phone (_____) _____			Appeal for: Semester _____ Year _____		
What is your educational goal? AA Degree ____ Certificate ____ Transfer ____ (Institution _____)					
Have you changed your major? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(If "yes", explain why on the back of this form)					

The purpose of this Appeal form is to provide a means for you to request an exception to the Financial Aid academic progress policy based upon extenuating circumstances. **A detailed description of your situation is required on the reverse side of this form.** In addition, depending on your claim, you must attach supporting documentation. Such documents might include medical records or notes from physicians, legal documents, or accident reports. Other records may be requested depending on your specific case.

INSTRUCTIONS: Check box "A" or box "B" below.

- (A) Academic Progress.** Failed to complete required number of units and/or grade point average below 2.0.
- (B) Units Limit.** Completed more than 72 units or student already has a degree or certificate.

A: If you checked (A) Academic Progress, now check the program(s) below in which you participate. Complete this form and take it to the office for one of the programs you've checked. Ask to make an appointment with the indicated counselor or director to review your appeal and update your education plan. Bring any documents to your appointment which may be applicable to your situation such as medical bills, doctor's statement, accident report, etc.

Program	Appeal Counselors/Directors	Appointment Office / Location
<input type="checkbox"/> Athletics	Student Athlete Counselor	Counseling Services / Student Center
<input type="checkbox"/> VA Benefits	VA Benefits Counselor	Counseling Services / Student Center
<input type="checkbox"/> EOPS/SSS	EOPS/SSS Director/Counselor	EOPS/SSS / Eddy Hall
<input type="checkbox"/> Disabled Students/LS	DSS/LS Director/Counselor	DSS/LS / Eddy Hall
<input type="checkbox"/> MESA	MESA Director	MESA Office / Life Science 7
<input type="checkbox"/> Not in above programs	Counseling Services Counselors	Counseling Services / Student Center

B: If you checked (B) Units Limit, complete this form and bring it to the Counseling Services office in the Student Center and ask to make an appointment with a counselor (not an advisor). Bring copies of college transcripts from all institutions you've attended to your appointment. Explain why you need additional financial assistance on the reverse side of this form. The counselor will sign your appeal, attach a Required Courses form, and update your education plan. Your counselor will submit the appeal documents to the Financial Aid Office where a decision will be made to accept or deny your appeal.

NOTE TO COS STAFF: Do not make the student an appointment unless this form is complete on both sides.



Student Statement Required on Back

