SATISFACTORY ACADEMIC PROGRESS
APPEAL FORM 2006-2007

In order to be academically eligible to receive Federal financial aid, a student must maintain Satisfactory Academic Progress as defined by Santa Barbara City College’s Satisfactory Academic Progress Policy (attached) or available on our website. A student whose eligibility for financial aid has been suspended may submit an appeal to explain the mitigating circumstances that prevented the student from achieving satisfactory academic progress.

APPEAL INSTRUCTIONS

1. Complete both sides of the Satisfactory Academic Progress Appeal Form in INK.

2. Attach to your Appeal a written statement explaining the circumstances that prevented you from meeting the Satisfactory Academic Progress requirements. Include in your statement: (A) What happened, i.e., death in the family, illness of family member, personal illness, academic difficulties, financial problems, etc. (Optional: You may include documentation to support your situation); (B) What has changed; and, (C) The plan that you have made to resolve the problem with your academic progress.

3. Attach to your Appeal a current Student Educational Plan (SEP) from the Financial Aid Academic Counselor (located in the EOPS office). Financial Aid staff can make an appointment for you.

Person No.: _________________________
Name_________________________________ Soc. Sec. No.: ______________________
Last                         First
Address___________________________________________________________________
Number      Street                Apt. #             City                  State          Zip
Telephone______________________________  Are you a DSPS Student? Yes / No
(Area Code)
Are you a EOPS Student? Yes / No

If you are a HIT (Health Information Technology/Cancer Information Management) please, call Gwyer Schuyler, Academic Counselor, (805) 965-0581 ext. 2569 or e-mail schuyler@sbcc.edu.

If all of your classes are on line please, call your Financial Aid Advisor for appeal instructions.

For which semester(s) are you requesting reinstatement of your aid? Circle all that apply.
Fall 2006   Spring 2007   Summer 2007

When do you expect to graduate/transfer from SBCC? Semester _________ Year________

Educational Goal ______________________________ Major _______________________

(OVER)
Do you have children? Yes / No
If yes, how many? _____ Do they live with you? Yes / No

Do you pay for housing? Yes / No
If yes, how much per month? $________________________

Do you work? Yes / No
Employer __________________________________________________

Average number of hours worked per week_________________________

Average amount earned per week $_______________________________

**INCOMPLETE APPEALS WILL BE RETURNED, DELAYING THE RESPONSE TIME.**

I certify that the information provided on this form is correct and I have attached all required documentation. I understand that I will be notified of the results of my Appeal which will be mailed to me within two weeks upon receipt by the Financial Aid Office of a complete Appeal.

Signature_______________________________________ Date___________________________

**For office use only.**

___ Exceeded maximum time frame based on educational goal.
___ Low GPA and/or completed an insufficient number of units.
___ Withdrew from all classes.

(   ) Approved (   ) Denied
(   ) Approved Conditionally (   ) Pending

If your Appeal is denied, you may ask for a review of the decision by the EOPS/Financial Aid Advisory Committee. Submit a written request to: Director, Financial Aid Office, Santa Barbara City College, 721 Cliff Drive, Santa Barbara, CA 93109 or you may e-mail to: hardison@sbcc.edu.

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Staff Member ________________________________________ Date _______________________

Student notified: By telephone on _____________ By Mail on ______________________________

(OVER)