SATISFACTORY ACADEMIC PROGRESS
APEAL FORM 2009-2010

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 typed 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. All Students: Attach a Student Educational Plan (SEP) prepared during the current semester.
   A. Most Students: Contact the Financial Aid Office to schedule an appointment with our Financial Aid Academic counselor, Eli Villanueva (805) 730-5157
   B. HIT Students (Health Information Technology/Cancer Information Manager): Contact Gwyer Schuyler, Academic Counselor at (805) 965-0581 ext. 2569 or email schuyler@sbcc.edu to request an SEP
   C. Student Athletes: Contact either Scott Brewer at (805) 965-0581 ext. 2507 or JoAnn Graham ext. 4741 Academic Counselors, to request an SEP.
   D. EOPS/CARE Students: Contact EOPS/CARE Office at (805) 965-0581 ext. 2279 to schedule a counseling appointment or pick up your current SEP.

Name______________________________________ Student ID # K00_________________________
   Last                              First

Telephone______________________________       e-mail address ______________________________
   (Area Code)

Are you a DSPS Student? Yes / No       and/or       Are you an EOPS Student? Yes / No

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 2009       Spring 2010       Summer 2010

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

Educational Goal _______________________________  Major ____________________________
Have you changed your major during your course of study at SBCC?  Yes/No

If yes, when?______________ What was your previous major? ______________

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 Financial Aid Appeal 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)