



Social Security NNumber:

Grid for Social Security Number (9 boxes)

MPC Student ID Number

Grid for MPC Student ID Number (9 boxes)

2024-2025 FINANCIAL AID LOSS OF ELIGIBILITY APPEAL REQUEST

Student's Last Name, First Name, Initial

Appeal for: Fall 2024 [ ] Spring 2025 [ ] Summer 2025 [ ]

The reason for your loss of eligibility was (please check all that apply):

- A. I did not meet a Cumulative 2.0 Grade Point Average (CGPA).
B. I did not complete 2/3 of the cumulative units that I attempted.

DIRECTIONS: Please read before proceeding with this form. All sections must be completed by all students

Processing of this form could take up to 15 business days. Longer during peak times.

- Complete the form explaining your 'Special Circumstances'
Attach a copy of third party documentation supporting your 'Special Circumstances'.
Complete an education plan. The plan must include:
- Description of what you are going to do differently to insure that you are going to make progress
- An Ed Plan (Complete a comprehensive Ed Plan with your academic advisor/counselor.)

I have met the Financial Aid Loss of Eligibility Appeal by one of the following conditions and have attached documentation:

- Death in the immediate family
Illness that is not chronic to the student
Accident or injury to the student
A onetime life altering event to the student

Horizontal lines for providing additional information or documentation.

Special Circumstances are not: I did not get along with the teacher, I could not find a baby sitter, I had to work more hours, or other Life management difficulty. (If you need additional space please attach another page)

**Student statement of plan to make Satisfactory Progress in the future:** *The plan must include:*

- A proposed plan addressing the educational difficulty you were having and how you will handle the difficulty in the future. (i.e: reduction of units, 300 level courses, better time management, tutoring, etc.)

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**Ed Plan**

I have met with the student and attached is the comprehensive educational plan listing the courses that the student needs to complete.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Certification**

Your signature below acknowledges that you have read and understand the following restrictions:

- Failure to complete all section of this form will result in a denial of the appeal.
- I will not be funded for courses other than those listed on the educational plan.
- If I enroll in courses not listed on the plan, I will be placed on Permanent Loss of Eligibility. I will have no more financial aid eligibility here at MPC.
- I understand no changes may be made to the educational plan, unless I contact financial aid office prior to the beginning of the semester and complete the Change of My MAP Form.
- I must complete all courses with a minimum semester and cumulative GPA of 2.0 or better and a semester and cumulative Pace Progression of 2/3 or better. Failure to meet these requirements will result in a Permanent Loss of Eligibility.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Appeal Status:** For school use only.

**Financial Aid was:**

- Reinstated on Probation + Conditions of Reinstatement: \_\_\_\_\_  
\_\_\_\_\_
- Not Reinstated: Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_