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 Cupertino, CA 95014  
 408.864.8718

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

NAME \_\_\_\_\_

SID# \_\_\_\_\_

E-mail \_\_\_\_\_

## APPEAL FOR EXTENDED FINANCIAL AID PROBATION

This form is for students who are disqualified from financial aid for not meeting the satisfactory academic progress requirements for unit completion, quarterly GPA, or cumulative GPA. This appeal form may *only* be used if:

Student is enrolled in at least six units, AND

Student has a complete financial aid application, AND Student has not reached the end of his/her time frame, AND Student has not been considered for an appeal previously, AND

Student has failed to meet the *unit completion or quarterly GPA* requirements for **no more than** two (2) quarters in a row, **OR**

Student has met the quarterly requirements but the *cumulative GPA* is below 2.0 and student has not yet attempted 90 quarterly units.

**(1) WHAT WENT WRONG?**

Explain why you did NOT earn the required units or GPA in the \_\_\_\_\_ quarter that led to **warning**.

Explain why you did NOT earn the required units or GPA in the \_\_\_\_\_ **warning** quarter that led to disqualification.

**(2) WHAT WILL BE DIFFERENT NEXT QUARTER?**

Describe the CHANGES that you have made that have solved, resolved, remedied, eliminated, changed or improved the issues you described above so that you WILL earn the required units or GPA next quarter.

**OVER**

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Last Name

First Name

SID#

- \* Are you in any special programs? (circle any programs from which you have received services)  
EOPS - CARE SSRC - FYE - PUENTE - APALI - LEAD - OTI - DSS - SANKOFA –  
SUMMER BRIDGE - ATHLETICS - OTHER? \_\_\_\_\_
- \* Have you met with a counselor or advisor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, who? \_\_\_\_\_ When? \_\_\_\_\_  
If not, why not? \_\_\_\_\_

If you have met with an academic counselor or advisor, did he/she help you work out an educational plan and/or class schedule? \_\_\_\_\_ (attach a copy if you have a current ed plan)

If you have met with an academic counselor or advisor, did he/she help you with any academic difficulties or personal difficulties you are having?  
\_\_\_\_\_

- \* Are you working now? \_\_\_\_\_ If so, how many hours a week? \_\_\_\_\_ Where? \_\_\_\_\_

Were you working over the period of time in which you became disqualified? \_\_\_\_\_  
If so, how many hours each week? \_\_\_\_\_

- \* Do you have tutoring help? \_\_\_\_\_ From who? \_\_\_\_\_
- \* How would you describe your study habits? \_\_\_\_\_
- \* How would you describe your English skills? \_\_\_\_\_
- \* What advice would you give other students who are struggling to improve their success in college?
  
- \* Please mention anything else you think might indicate that you will be successful this quarter and into the future.

**Appeals will be reviewed and a response will be sent by email. If granted, this would temporarily allow payment of eligible aid.**

**If not granted, disqualified students may be able to reinstate to good standing.**

**More complete information about Satisfactory Academic Progress is found on the Financial Aid website [www.deanza.edu/financialaid](http://www.deanza.edu/financialaid).**