

**Evergreen Valley College – Financial Aid Office**

3095 Yerba Buena Road San Jose, California 95135 (408) 270-6460 / evcfa@evc.edu

**APPEAL FOR FINANCIAL AID REINSTATEMENT (FEDSAP)**

**Fall 2019**

<i>Financial Aid Office use only:</i>	
Completion %:	_____
GPA:	_____
Total (UG) Units Attempted:	_____
Degree (CAGPA) Applicable Units:	_____

**WE ASKED THAT YOU PLEASE TYPE YOUR APPEAL RESPONSES**

Date:

Name:

Student ID:

E-mail :

Phone:

In accordance with federal regulations, you may appeal for financial aid reinstatement if you have been disqualified as a direct result of extenuating circumstances during the past semester. **You must provide written documentation and/or proof of the extenuating circumstance.**

The Financial Aid Appeals Committee will determine either to approve or deny your appeal for reinstatement based on your academic history, educational plan, class schedule and your response to the questions. You will be notified by mail of the decision.



**\*\*You are required to submit a copy of your Education Plan with this appeal. Otherwise, your appeal will not be reviewed\*\***

**DEADLINE TO SUBMIT: OCT 11<sup>TH</sup>, 2019**

**TO SUBMIT AN APPEAL YOU MUST:**

- **BE REGISTERED FOR CLASSES FOR Fall 2019 AND**
- **HAVE A COMPLETED 2019-2020 FINANCIAL AID FILE**
- **HAVE A COMPREHENSIVE EDUCATIONAL PLAN DEVELOPED BY AN EVC COUNSELOR**

1. What is your major?

2. What is your academic goal?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Certificate                        | <input type="checkbox"/> AA/AS Degree |
| <input type="checkbox"/> Transfer to a four-year university | <input type="checkbox"/> Other        |

3. Have you met with an academic counselor to discuss your academic goals?  No  Yes  
If yes, when?

4. Describe in detail the extenuating circumstance that prevented you from completing all of your classes with a grade C (or CR) or better. Attach a separate sheet if you need more room. Please provide proof of the extenuating circumstances, if available.

5. Explain how your situation has changed and the specific steps you will use to improve your academic performance. Attach a separate sheet if you need more room.

6. List below the courses you took and the grades you received during your last two semesters at EVC or SJCC. **DO NOT SUBSTITUTE A TRANSCRIPT.**

By signing this form:

- I understand that if my Appeal for Reinstatement is approved, the disbursement date will be delayed by 3-5 weeks from the start of the Fall 2019 semester or from the date of submission, whichever is later.
- I certify that all the information on this form is true, complete and accurate.

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

**~Financial Aid Appeals Committee Section~**

<input type="checkbox"/> <b>APPROVED</b> (circle all that apply)	<input type="checkbox"/> <b>DENIED</b> (circle all that apply)
AA1 AA2 AD1K	AD1A AD1B AD1J AD1M AD1P AD1C
<b>Supplemental:</b> AA5 AA6 AA7 AD2	

Additional comments to print on letter: \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Committee Member Signature \_\_\_\_\_ 2<sup>nd</sup> Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_