

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

M00# \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

**INSTRUCTIONS**

Your 2017-2018 FAFSA must be received and reviewed by COM before your appeal can be accepted.

1. Register for classes in the semester for which you are appealing.
2. Complete and sign an appeal form
3. Submit a **signed and typed** statement of explanation. **Be detailed** and **avoid vague statements** i.e. "I experienced a hardship" etc.
4. Attach **ALL** prior college transcripts.
5. Attach documentation to support your statement of explanation:  
**STATEMENTS WITHOUT SUPPORTING DOCUMENTS WILL NOT BE REVIEWED**
6. Include an in-depth (**4 semesters**) Student Education Plan (SEP). *Contact your Academic Counselor if you need to update your SEP.*

**INFORMATION**

- Students will only be granted one (1) SAP approval at COM
- Allow up to 3-4 weeks for an appeal to be reviewed and responded to.
- Appeals submitted with missing/incomplete documentation will result in a delay of decision and/or denial of an appeal.
- Submissions of an appeal does not guarantee approval—We recommend you plan ahead for alternative ways to fund your education in the event that your appeal is denied.
- An email notification will be sent to you once a decision has been made.  
Please review the Satisfactory Academic Progress Policy on the Enrollment Services webpage
- All Appeal requests must be submitted no later than Friday, May 4, 2018

Term for which you are appealing: (Select only 1 (one) semester)

- Fall 2017                                       Spring 2018                                       Summer 2018

**Reason you are appealing:** (Select all that apply)

- I did not maintain minimum semester Grade Point Average of 2.0
- I did not complete minimum number of units for semester, therefore did not meet the "Pace of Progression" standard (completed units / attempted units = 67% or better)
- I have reached or exceeded the maximum number of units allowed for my educational goal

**Statement:** Attach a **typed** and **signed** statement that answers questions A, B, & C as well as question D if you have exceeded the maximum number of units allowed for your educational goal.

**A. What circumstances beyond your control prevented you from meeting the standard(s) chosen above?**

*For example: illness or medical issues, family emergency, unexpected work scheduling conflicts, or other documented extenuating circumstances.*

**B. How has this situation changed or been resolved?**

**C. What is your plan for success for the semester chosen on page 1?**

**D. If you exceeded the maximum number of units allowed for your educational goal, explain why you need more time to complete your goal.**

**Certification:**

**Please read, initial and sign below.** Your signature indicates your understanding of the conditions of your appeal and that all information reported on this form and any attachments are true, complete and accurate.

1. \_\_\_\_ I understand that I may be granted only **one** SAP appeal approval at College of Marin
2. \_\_\_\_ I understand that if my appeal for reinstatement is **approved**, I will be placed on Financial Aid Probation
3. \_\_\_\_ I understand that while on Financial Aid Probation, I will be **required** to follow my approved Student Education Plan which was submitted with my appeal.
4. \_\_\_\_ I understand that failure to follow my approved Student Education Plan will result in immediate dismissal from financial aid.
5. \_\_\_\_ I understand that **ALL** required documentation **must be attached**.
6. \_\_\_\_ I understand that **ALL** prior college transcripts **must be attached**.
7. \_\_\_\_ I understand that the submissions of an appeal **does not guarantee approval** – I must plan ahead for alternative ways to fund my education in the event that my appeal is denied.
8. \_\_\_\_ I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

I certify that the information on this form is true and correct to the best of my knowledge. I understand that if the information I have provided is incomplete or false, Financial Aid could be delayed or denied. I have read and understand the College of Marin's Financial Aid Satisfactory Academic Progress Policy (see [es.marin.edu/financial-aid/policies](http://es.marin.edu/financial-aid/policies))

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

Submit your Appeal packet to the Enrollment Services Office provided that **all required documents are attached**. Incomplete packets will not be processed.

**Deadline: May 4, 2018**

Submit **appeal forms and documents together** to the Office of Enrollment Services

Kentfield Campus  
835 College Ave Student Services Bldg. Rm 254  
Kentfield, CA. 94904

Indian Valley Campus  
1800 Ignacio Blvd. Bldg. 27 Rm 109  
Novato, CA 94949