



Name: _____ FRC ID#: _____

Facility : _____ Yard: _____

Telephone #: _____ Email: _____

Please check the appeal(s) that apply to you:

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS APPEAL:
If you received a notification stating you've been disqualified from receiving federal financial aid for not meeting satisfactory academic progress, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied. **If you are submitting this appeal past the deadline you must also provide a Financial Aid Progress Report.**

Federal regulations require a student to meet Satisfactory Academic Progress Standards which entails earning a minimum 2.0 cumulative grade point average and completing a minimum 67% of the course work attempted.

CALIFORNIA COLLEGE PROMISE GRANT (CCPG) APPEAL:
If you received a notification stating that you have lost your CCPG, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied.

Effective fall 2016, the California College Promise Grant (CCPG), requires students to have a cumulative completion rate (progress) of 50% and a cumulative (academic) grade point average of 2.0 or higher to be eligible for the California College Promise Grant.

ACADEMIC DISMISSAL APPEAL:
If you received a notification stating that you have been placed on Academic Dismissal, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied.

A student is subject to dismissal if the student has earned a cumulative grade point average of less than 2.0 in all units attempted in each of three consecutive primary semesters (fall and spring). A student is subject to dismissal if the percentage of units in which the student has been enrolled for which entries of "W," "I," "NC," and "NP" are recorded in at least three consecutive primary semesters (fall and spring) reaches or exceeds fifty percent (50%).

THIS FORM MUST BE COMPLETED IN FULL WITH ALL REQUIRED SIGNATURES.



- 1) **In the box below**, please provide a detailed statement listing the reason(s) you experienced difficulty and did not succeed academically. Examples of legitimate difficulties are: illness or injury, family problems, inability to access support services, and/or change in financial status.

- 2) Please **attach** to this appeal the documents which apply to your situation (*as specified in #1*). **Lack of relevant documentation will result in appeal denial.** Examples of documentation which might apply to your situation include:
- Letter(s) from physician(s), hospital(s), or other health care professional(s), and receipts or bills identifying medical issue(s)
 - Letters from advisors, counselors, faculty, and other knowledgeable people who knew the difficulties you experienced
 - Letter from your employer verifying a change in work schedule and when it occurred
 - Any other documents, statements or receipts that show cause for academic problems
 - Death certificate or obituary of deceased family member
 - Verified accidents, illness, or other circumstances beyond your control
 - Changes in economic situation
 - Evidence of inability to obtain essential support services
 - Special consideration factors for CalWORKS, EOPS, DSPS and veteran students
 - Disability accommodations not received in a timely manner

- 3) **In the box below**, please provide a detailed statement explaining what your plan is to improve your academic performance.



- 4) Your ISP (Incarcerated Student Program) academic advisor has attached an updated copy of your Student Education Plan (SEP) with this form.
- 5) When submitting an appeal for an Academic Dismissal you will need to attach a Registration Application.

I hereby certify that a copy of the students updated SEP has been attached and mailed to the student.

Electronic and/or digital signatures are not valid. This worksheet must have a wet signature and date to be valid

_____ ISP Coordinator/ADI Printed Name	_____ ISP Coordinator/ADI Signature	_____ Date
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Certification and Signature:

I certify that all of information provided is complete and correct.

Electronic and/or digital signatures are not valid. This worksheet must have a wet signature and date to be valid.

_____ Student's Printed Name	_____ Student's Signature	_____ Date
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RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Incarcerated Student Program
570 Golden Eagle Ave
Quincy, CA 95971
Fax: (530)283-4659
E-mail: financialaid@frc.edu

*** OFFICIAL USE ONLY ***			
Original: Financial Aid Office	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Processed By: _____</td> <td style="width: 40%;">Date: _____</td> </tr> </table>	Processed By: _____	Date: _____
Processed By: _____	Date: _____		