

Appeal for Financial Aid Reinstatement

| Name: | | | Date: | |
|----------|---|-------------------|-------------------|------|
| Address: | | City: | State: | Zip: |
| Phone: | Email: | | | |
| I | am appealing reinstatement for (circle one): | Fall of 20 | _ or Spring of 20 | |
| | My appeal is base | d on (check one): | | |
| | Paying for a Paying for a Notification Citing mitiga | of a grade change | | |
| | The last year / semester I attende | d CBC was: | | |
| | for classes on your own and are notifying us above, attach a transcript (unofficial is accept | | | |

- 2. If you are notifying us of a grade change, complete the section above, attach a transcript (unofficial is acceptable) and submit this form to CBC's financial aid office.
- 3. If you are citing mitigating circumstances, complete the section above and explain the specific reason(s) you were unable to meet satisfactory academic progress standards. Use the space below or attach a letter. Then describe steps you have taken to insure this situation will not happen again or how this situation has been or is being resolved.
- 4. <u>You must also include supporting documentation from another source, such as a letter from a clergy, doctor, teacher, or medical bills/records, or police/insurance report.</u> Appeals with no supporting documentation will not <u>be considered.</u>
- 5. Finally, submit the appeal form with all attachments to the Financial Aid Office. After review of your appeal by the Appeals Committee, you will receive a notification of approval or denial, in writing, within one week of submitting your request.

Please explain specific reason for your failure to meet Academic Progress standards:

Please describe steps taken to prevent this from happening again and/or ways this problem has been resolved: