

Oxnard College Financial Aid

APPEAL TO EXTEND FINANCIAL AID ELIGIBILITY

Name: _____ Phone # () _____
Last First M.I.
ID #: _____ - _____ - _____ email Address: _____

Financial Aid records indicate that you have exceeded or may exceed the Maximum Time Frame as defined in the Satisfactory Academic Progress Standards. You are no longer eligible for financial aid. You may appeal this status based on "special circumstances" you believe prevented you from obtaining your goal within the required time. To reinstate your financial aid eligibility you are required to submit an Appeal to Extend Financial Aid Eligibility to the Financial Aid Office. Appeal must be submitted 2 weeks prior to the end of the semester for which you are appealing.

- Please note that an appointment with an academic counselor is required to complete the backside of this form. Please call (805) 986-5816 or stop by the Oxnard College Counseling Department to schedule your appointment.

The Financial Aid Appeal Committee will meet and determine the outcome of your appeal and you will be notified in writing via mail. Incomplete appeals will be *denied*.



Have you included everything?

CHECK ALL THE DOCUMENTS INCLUDED

- Back of this form completed by an Oxnard College Academic Counselor.
- All appropriate DEGREE and/or TRANSFER CHECK SHEETS.
- Explanation of why you have not completed your goal within the maximum time frame.

DO NOT INCLUDE WHY YOU NEED FINANCIAL AID OR WHY YOU CANNOT ATTEND WITHOUT FINANCIAL AID.

Student Statement: I NEED MORE TIME TO COMPLETE MY EDUCATIONAL GOAL BECAUSE I HAVE:

- I changed my major because: (Please explain on an attached sheet justification for your change of major.)

My original Major was: _____ My new Major is: _____

- I changed my goal:

My original goal was: AA/AS Certificate Bachelor's Other _____

My new goal is: AA/AS Certificate Bachelor's Other _____

Student Signature: _____ Date: _____

COUNSELOR: Please complete the information below. *Only include coursework the student needs to meet their educational objective.* Only coursework outlined on this form will be considered for funding. Please attach all appropriate check sheets. (AA/AS, Transfer, Prep Course work, IGETC and/or Certificate check sheets)

Major _____

Goal: Cert AA/AS Transfer (List School) _____

Total number of Remedial Units attempted _____

<p style="text-align: center;"><u>Term:</u> _____</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>COURSES</u></th> <th style="text-align: left;"><u>UNITS</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>COURSES</u>	<u>UNITS</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p style="text-align: center;"><u>Term:</u> _____</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>COURSES</u></th> <th style="text-align: left;"><u>UNITS</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>COURSES</u>	<u>UNITS</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p style="text-align: center;"><u>Term:</u> _____</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>COURSES</u></th> <th style="text-align: left;"><u>UNITS</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>COURSES</u>	<u>UNITS</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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I certify that I have met with the student listed above and evaluated any prior coursework (including transfer credits if requested) and have established an Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student.

Counselor's Signature _____ **Date** _____