



Financial Aid Office
 855 North Vermont Avenue
 Los Angeles, CA 90029
 Phone (323) 953-4000 Ext. 2025
 Fax (323) 953-4013
 Email finaid@lacitycollege.edu

APPEAL FOR REINSTATEMENT FORM

Last Name First Name MI Student ID or SSN

INSTRUCTIONS:

If you plan to attend Los Angeles City College and would like to appeal your financial aid disqualification, please follow these steps:

STEP 1: On this form, please state the reason why you were not able to maintain satisfactory academic progress. Be sure to include any special circumstances, pertaining to your situation. In addition, you should attach any documentation that will support your appeal (Example: medical records, death certificates, etc.).

STEP 2: You must meet with an Academic Counselor to discuss your academic goals. The Academic Counselor must define your goals on a Student Education Plan. The Academic Counselor must include the semester(s) for which you are appealing on your plan.

NOTE: EOP&S, OSS, and Cal Works students must see their respective counselors. All other students may see an Academic Counselor in the General Counseling Office located in the Administration Building.

STEP 3: Attach your Educational Plan with this form and submit with all supporting documents to the Financial Aid Office.

DEADLINE: Summer 2009 – July 24, 2009
 Fall 2009 – December 04, 2009
 Winter 2010 – January 22, 2010
 Spring 2010 – May 21, 2010

TO BE COMPLETED BY STUDENT (attach additional sheets if necessary):

I have not been able to maintain satisfactory academic progress cumulatively through the end of the 2008-2009 academic year because:

Explain any changes you have made which will assist you in attaining your educational goal:

I hereby request a review of my financial aid disqualification. Attached is my Educational Plan, which was completed, signed and dated by an Academic Counselor.

Student Signature

Date