

**West Valley-Mission Community College District
MISSION COLLEGE REQUEST FOR REVIEW & APPEAL
SATISFACTORY ACADEMIC PROGRESS**

Date: _____

Name: _____ Student ID: _____
Please Print

ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR APPEAL WILL NOT BE REVIEWED

1. If you are disqualified because of two consecutive probations, for which term are you requesting financial aid?

Fall _____ Spring _____ Summer _____

OR

If you are disqualified because of attempting more than 150% of total units required to complete your eligible program, for which term(s) are you requesting financial aid?

Fall _____ Spring _____ Summer _____

Fall _____ Spring _____ Summer _____

2. What is your current eligible program of study? _____
3. What is the anticipated completion date for your program? _____

For the following questions, please answer on a separate, attached, sheet of paper.

4. What are your educational objectives and/or goals?
5. Please identify your issues for not making satisfactory academic progress. Attach supporting documentation, if applicable (ex. Doctor's note for medical condition).
6. Give examples of how you plan to succeed and address the issues described in number 4, above.

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7. Attach the following documents:
- An **updated Education Plan is required** for your eligible program of study signed by Counseling Staff for the term(s) you are requesting in number 1, above. We may provide financial aid only for those units required in order to complete your educational goal. Your counselor will list only the courses **required** to meet your goal.
 - If appeal is turned in mid-semester or later, a Financial Aid Work In Progress form is required.

I certify that all statements made above and contained in the support documentation's are true and correct to the best of my knowledge.

Student Signature

Date

I have met and counseled the above student regarding this appeal.

Counselor's Signature

Date