



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3575/3576 • Fax (415) 239-3917

Must submit in person

CLOCK HOUR CERTIFICATE PROGRAM APPEAL FOR REINSTATEMENT OF FINANCIAL AID

Name of Financial Aid Applicant (Please print)			
Last Name	First	MI	SSN/Student ID

Reason(s) for Appeal (Check all that apply):

- Failed to maintain a passing grade
- Failed to maintain 80% attendance in each enrolled class
- Reached Maximum Time Frame (150% of the program length)

ACADEMIC SEMESTER FOR WHICH YOU ARE REQUESTING AN APPEAL

(PLEASE REMEMBER THAT APPEALS WILL NOT BE GRANTED FOR A SEMESTER THAT HAS ALREADY ENDED.)

FALL SELECT AN ITEM SPRING SELECT AN ITEM SUMMER SELECT AN ITEM

STUDENT STATEMENT OF APPEAL

Explain below the nature of the extenuating circumstances that made it difficult for you to maintain the satisfactory academic progress requirements (Please refer to “helpful hints in completing your appeal” on the first page).

Please explain below the steps or plan of action that you have taken or will take to succeed in your future classes as indicated on your educational plan. (For example, meeting with an academic counselor, seeking tutorial services, evaluating your working hours.)

Student Signature

Date