FINANCIAL AID APPEAL FORM

Office of Financial Aid
26000 SE Stark St
Gresham, OR 97030
(503) 491-7262; FAX (503) 491-7379

Student Name | Social Security #/MHCC ID# | Phone #

Street Address | Apt # | City | State | ZIP

REASONS FOR LOWERED ACADEMIC PROGRESS (CHECK ONE):

☐ 1. DEATH IN THE IMMEDIATE FAMILY **DOCUMENTATION REQUIRED**

☐ 2. *SERIOUS ILLNESS* EXTENDING OVER A PERIOD OF THREE CONSECUTIVE WEEKS OR MORE *AND* SUPPORTED BY A **PHYSICIAN'S WRITTEN STATEMENT VERIFYING AN INABILITY TO ATTEND SCHOOL.**

☐ 3. COMPLETED AN "INCOMPLETE" GRADED CLASS. (Specify Term and Class:): _____

☐ 4. COMPLETED A TERM (Specify Term:_____) WITH AT LEAST A 2.0 GPA WITHOUT FINANCIAL AID IN CLASSES THAT APPLY DIRECTLY TO YOUR DEGREE OR CERTIFICATE. FUTURE TERM AID WILL BE FOR ONLY THE NUMBER OF CREDITS TAKEN IN THE QUALIFYING TERM. COOPERATIVE EDUCATION, PRACTICUM CREDITS AND "K" GRADES WILL NOT MEET ANY OF THIS REQUIREMENT.

☐ 5. OTHER (Please specify below)

Please give the reasons why satisfactory academic progress was not achieved and why you feel your situation merits reinstating your Title IV aid**. Explain what has changed that will allow you to be a successful student. Be specific and PROVIDE DOCUMENTATION. Without documentation, appeals are almost always denied.**

Student Signature:_____ Date:_____