

LCC FINANCIAL AID APPEAL FORM

*This form must be returned to the Financial Aid Office on the main campus and CANNOT be faxed.
Upload to your financial aid portal or to the financial aid dropbox located on our website.
Any appeals that are illegible will be requested again or asked to be sent as a hard copy.
You MUST complete all sections. Incomplete Forms will be returned and will delay the Appeal Process.*

Student Name: _____ **ID Number:** _____

My financial aid has been terminated for the _____ semester as a result of:

____ Maximum number of semesters attended (**Signed degree audit required**)

____ Grade point average

____ 67% of the number of credit hour attempted (**Accumulative** credit hours earned are less than 67% of the hours attempted).

I am providing the following justification for the reinstatement of my appeal:

Circumstances that may have contributed to the decline of financial aid (must check at least one)

- Personal or family health reasons
- Too many college credits due to a change in college major or degree program
- Change in career requiring a new major or degree
- Personal, family, or academic issues not listed
- Other _____

Academic plan of action to complete my major or degree plan at LCC

My college major/and or degree plan is the following:

Major: _____ **Anticipated Graduation Date** _____

Low Grade Point Average (GPA), Maximum Credit hours Exceeded, and Earned less than 67% of hours attempted: Please briefly explain what you can do to make sure you meet the stipulations of the appeal.

(If you need more space, add on an additional sheet)

Have I ever been required to complete the Appeal Process at LCC? **YES** **NO**

Appeals for Maximum Number of Semesters Only: *You MUST meet with your advisor, complete the Degree Audit and attach it to this form. Forms submitted without a Degree Audit will be considered Incomplete and returned to the student.*

Student Signature _____
Date

Mailing address (street or P.O.) Apt. # _____
City, State, & Zip