



Completed Financial Aid Appeal  
Forms will be accepted and  
reviewed for:

**Spring Term 2020**

**Feb 10<sup>th</sup> - Mar 24<sup>th</sup>, 2020.\***

**If you are aware that you will be in Unsatisfactory Academic Progress after Winter term 2020 grades are posted, you can submit your appeal form early. Remember, you are responsible for being aware of your academic progress in the classroom**

All Financial Aid Appeal Forms are reviewed in date order and a response will be delivered via WebRunner. It will be your responsibility to check your WebRunner account for the deciding decision of your Financial Aid Appeal.

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In the event that your Financial Aid Appeal is DENIED, you have the right to meet with the Financial Aid Appeal Committee to have your appeal heard in person during the following appeal hours:

March 30, 31, and April 1 of 2020  
Mornings: 9 a.m. – Noon • Afternoons: 1 p.m. – 3 p.m.

Download the Appeal Committee Request Form at <http://www.linnbenton.edu/financial-aid/financial-aid-forms>.

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***Financial Aid Appeals received on or after **Mar 25<sup>th</sup>, 2020** will be reviewed in date order, but if they are approved, it will be for Fall 2020.***

LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender, gender identity, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. For further information see Board Policy BP 1015 in our [Board Policies and Administrative Rules](#). Title II, IX, & Section 504: Scott Rolen, CC-108, 541-917-4425; Lynne Cox, T-107B, 541-917-4806, LBCC, Albany, Oregon. To report: [linnbenton-advocate.symplcity.com/public\\_report](http://linnbenton-advocate.symplcity.com/public_report)

Rev. 2/5/2018

# Financial Aid Appeal Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Notes to Student:** Financial Aid is **NOT** awarded retroactively for a prior term in which your Satisfactory Academic Progress was "Unsatisfactory". ***Don't forget to do your Student Success Plan too.***

**Definition of Extenuating Circumstances:** Per Federal Regulations, extenuating circumstances are defined as: Appeals may be granted for students who fail to complete their courses because of injury or illness, the death of a relative, or other special circumstances which fall beyond the student's control. **Documentation Required.**

**Circumstances which are not considered extenuating are:** Incarceration, poor choice of classes, poor progress due to employment obligations, personal problems involving moving, childcare, relationship issues, loss of roommate, transportation difficulties and other similar problems.

**Documentation:** Appropriate documentation of your extenuating circumstances must accompany this appeal. Examples of appropriate documentation include notes from a Health Care Provider(s), counselors and social workers. Police Reports, death notices and court reports may be used to document your circumstance. **Notes from family members and friends do not constitute adequate documentation.**

1. In your own words explain why you did not achieve the required credits and/or grade point average.  
**(Be specific. Attach documentation and extra sheet if necessary)**

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2. Indicate what actions you plan to implement to prevent or correct this situation in the future at LBCC.  
**(Attach extra sheet if necessary)**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This Section for Financial Aid Office Only**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Appeal Approved _____                      | <input type="checkbox"/> Appeal Denied<br>S U F W SP Yr _____     | <input type="checkbox"/> Appeal Requirements Met     |
| <input type="checkbox"/> Restricted Approval<br>S U F W SP Yr _____ | <input type="checkbox"/> Appeal Tabled ( <b>needs more info</b> ) | <input type="checkbox"/> Appeal Requirements NOT Met |
|   |   | <input type="checkbox"/> Tabled Date: _____          |

**Recommendations:**

Student must satisfactorily complete 100% of attempted credits per term with a quarterly GPA of 2.00 [**C Average**] or better.

Student must raise cumulative completion rate of 70% with a cumulative 2.00 GPA before being reinstated.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the student enrolled in Summer term classes?  Yes  No

\_\_\_\_\_  
Financial Aid Advisor Signature (Date)

\_\_\_\_\_  
Financial Aid Director or Assistant Director of FA (Date)

Student Success Resource Recommendations

(to be filled out by Advisor, indicating recommendations for this student's success)

Student Name \_\_\_\_\_

ID # \_\_\_\_\_

Program of Study \_\_\_\_\_

Date: \_\_\_\_\_

Primary Advisor: \_\_\_\_\_

Advisor Recommendations:

\_\_\_ Use Learning Center resources (WH, 2nd floor; Benton Center)

\_\_\_ Tutoring

\_\_\_ Writing Center

\_\_\_ Math Help Desk

\_\_\_ Math Cafe

\_\_\_ College Skills Zone

\_\_\_ Study in Learning Center

\_\_\_ Center for Accessibility Resources (CFAR) (RCH 105)

\_\_\_ Retake placement test (RCH 111) \_\_\_ Math \_\_\_ Reading \_\_\_ Writing

\_\_\_ See a counselor or advisor in the Advising Center (Takena Hall)

\_\_\_ Explore Career with a Career & Advising Support Specialist - Advising Center (Takena Hall)

\_\_\_ Set up a Single Stop appointment to address financial barriers (Takena Hall, first floor)

\_\_\_ Follow-up appt with \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_

Comments or Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Academic Advisor approving this plan

\_\_\_\_\_  
Please print advisor's name

# Education Plan

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Total credits earned toward degree: \_\_\_\_\_

Degree: AS-OSU  AOOT  AAS  Certificate

Hours Worked Per Week: \_\_\_\_\_

Computerized Placement Test Results:  
Math: 20  60  65  95  111

Major: \_\_\_\_\_

Advisor Phone: \_\_\_\_\_

Reading: ALS 100  ALS 115  RD 120

Academic Advisor: \_\_\_\_\_

Advisor Email: \_\_\_\_\_

Writing: 90  95  115  121

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Term: \_\_\_\_\_ Yr: \_\_\_\_\_

Course	Cr.

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Academic Advisor who Approved Plan