College of Marin Satisfactory Academic Progress Financial Aid Appeal Form

Name:_________________________ MOO #:____________________

Complete this form only if you meet one of the following conditions and can provide documentation to support your condition. Condition must have occurred during the affected semester(s). Please check one or more of the following:

_____ Illness or disability during the affected semesters (must submit medical or disability documentation from an outside agency)

_____ Death of immediate family member during the affected semesters (must submit death certificate)

_____ Other circumstance (must submit detailed evidence)

List each semester affected by condition (Must be 2 or more): Summer/Year____, Fall/Year____, Spr./Year____

Describe condition in detail. Be sure to address each semester affected:

____________________________________________________________________________________________

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____________________________________________________________________________________________

____________________________________________________________________________________________

What evidence are you providing to support your claim? Please check all that apply:

_____ Letter from health professional/mental health counselor, etc.

_____ Hospital/medical facility receipts

_____ Death Certificate for immediate family member

_____ Automobile accident report

_____ Other Please describe:________________________________________________________________

If your appeal is approved, please indicate what steps you will take toward making satisfactory progress

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

I certify that the information I am providing is true and correct. Students providing false information will be subject to COM’s Standards of Conduct.

I understand that if my appeal is approved, I must meet all of the conditions to continue to receive financial aid.

__________________________________________  ______________________________
Student Signature Date