

LCC FINANCIAL AID APPEAL FORM

This form must be returned to the Financial Aid Office on the main campus and CANNOT be faxed.

Email a picture or scanned copy to financialaid@labette.edu.

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

____ 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**

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