



Loss of BOGW Appeal 17-18

(You are completing this form because you lost your Board of Governors Fee Waiver due to your academic status)

OFFICE OF FINANCIAL AID

1570 E. Colorado Blvd. Room L-114, Pasadena, CA 91106

Student Name: _____

Student ID: _____

INSTRUCTIONS:

1. Complete the following form in the lines and boxes designated below (attach a separate sheet, if needed).
2. Provide a Comprehensive Student Educational Plan (CSEP) completed by your PCC counselor.
 - o Bring this completed form with you to your counseling appointment. If you are a CalWORKs, EOPS, or Veteran student you must meet with a Counselor from that program to obtain your CSEP and program verification.
3. Attach all required supporting documents to this appeal form.
4. Submit this completed appeal packet to the Office of Financial Aid by the deadline printed below.
5. If you have not already done so, please complete the BOGW application or FAFSA.
6. You will be notified of the results by email to your LancerPoint email account.

APPEAL DEADLINES:

Fall 2017: December 15, 2017
 Winter 2018: February 16, 2018
 Spring 2018: June 15, 2018
 Summer 2018: July 13, 2018

Glossary of Terms:

CSEP: Comprehensive Ed Plan
 BOG: Board of Governors Fee Waiver
 Accommodation: A student with a disability who has worked with a counselor to identify a need such as extra time on tests, etc.

APPEAL PROCESS:

Appeals are reviewed individually in the order they are received. Please include all information or we will have to put your appeal aside and not make a decision. An email notification will be sent to your PCC LancerPoint address with the results. Circumstances below marked with an * may require additional review and may take up to 2-3 weeks for a decision.

Appeal Term/Year: Fall 2017 Winter 2018 Spring 2018 Summer 2018_

BOGW Loss - Reason for Appeal: *Check the box of each reason you are appealing.*

- Academic and/or Progress Improvement.** The student must demonstrate significant academic improvement by achieving the minimum grade point average of 2.0 and 50% completion of units attempted in the most recent primary term.
- No Enrollment for Two Primary Terms.** Approval requires the student was not enrolled at any PCC location for two consecutive primary terms (fall/spring) since becoming ineligible for the BOG.
- *Special Consideration for CalWORKs, EOPS, DSPS, and Veterans.** The student must provide written documentation from one of the included programs indicating current level of participation and services provided. *Explain the circumstances below.*
- Untimely Accommodation.** The student must have a disability, and applied for but did not receive accommodations in a timely manner. *Explain the circumstances below.*
- *Extenuating Circumstances.** Approval requires verified evidence of circumstances beyond the student's control. This could include: death of an immediate family member, accident, serious illness, eviction, etc. The student must provide documentation such as: medical documents, death certificates, police reports, court documentation, etc. *Explain the circumstances below.*
- *Inability to Obtain Essential Support Services.** The student must provide documentation, such as: cancelled appointment notices, emails, text messages, and statements from professionals on letterhead. *Explain the circumstances below.*
- *Economic Situation.** Approval requires verified evidence of an economic situation such as: job loss, eviction, and homelessness, etc. To be considered, the student must provide documentation, which may include: eviction notice, layoff/termination notice, unemployment statements, etc. *Explain the circumstances below.*

Use the space below for written explanations. Attach additional sheets if necessary.

STUDENT CERTIFICATION – Read the following information and sign below:

I certify the information contained in this appeal form, supporting documentation, and statements of circumstances are accurate and complete to the best of my knowledge and any false information will be cause for denial.

Signature: _____ **Date:** _____

OFFICE USE ONLY **COUNSELING STAFF:** CSEP Complete **Initials:** _____ **Date:** _____

OFFICE DETERMINATION:

Academic/Progress Improvement Final Semester High Unit Major No Enrollment 2 terms Untimely Accommodation

BOGW Approval **Needs Committee Review**

Reviewer’s Signature: _____ Date: _____

FAO Notification Date: _____