

# 2026-2027 APPEAL FORM

STUDENT INFO		MSAPAP 31
1. Last Name	2. First Name	3. Student ID
4. Email		5. Phone
6. Education Plan: <i>(mySDCCD portal)</i>		7. Major:
8. Academic Goal <input type="checkbox"/> Obtain a CERTIFICATE <input type="checkbox"/> Obtain an ASSOCIATE'S DEGREE <input type="checkbox"/> Complete the ASSOCIATE'S DEGREE WITH TRANSFER to: _____ University/College. <input type="checkbox"/> Complete a BACHELOR'S DEGREE		

SUBMISSION DEADLINES
9. I am requesting a review for the following semester: <i>(choose only one)</i>  <input type="checkbox"/> Fall 2026 <i>DEADLINE: Last day of your courses or the last day of the semester -- whichever comes first. Federal regulations do not permit retroactive payment for a prior term for students who have not made academic progress and later were reinstated through the appeal process.</i> <input type="checkbox"/> Spring 2027 <input type="checkbox"/> Summer 2027

TERMS AND CONDITIONS
10. Please mark each statement to indicate that you understand and meet the requirements for this appeal form. All conditions must be met in order to submit this Appeal Form for review. Incomplete forms will be returned to the student.
<input type="checkbox"/> I must attach documentation that supports my statement of extenuating circumstances to this appeal form. If I do not have documentation, my appeal will not be accepted for review.
<input type="checkbox"/> I understand that my Appeal Form cannot be used to reinstate a <i>prior</i> semester.
<input type="checkbox"/> At the time of my appeal, the Appeal Committee will review my ENTIRE ACADEMIC HISTORY, and my CURRENT SEMESTER ENROLLMENT.
<input type="checkbox"/> Only applicable courses required for my Student Education Plan will be considered towards this Appeal Form review. Any financial aid grants that are approved will be calculated using those applicable courses approved from this Appeal Form. Moreover, if any additional courses are added after an approved Appeal Form, those courses will not increase my financial aid payment amounts.
<input type="checkbox"/> I understand that the appeal decision will be based on my Student Education Plan as stated above (#6). Students can obtain a Student Education Plan from the Counseling Department. NOTE: You may use only ONE (1) Official Student Education Plan for this Appeal Form.
<input type="checkbox"/> With the exception of the College Promise Grant (CPG), I understand that I am currently not eligible to receive financial aid at this time. This Appeal Form is my request for consideration of reinstatement for a specific semester as indicated above (#9). Since approval is not guaranteed, I understand that I should not rely on receiving financial aid funds. (The California Promise Grant is available to California Residents only, whether or not you have an advanced degree.)
<input type="checkbox"/> If my Appeal Form is approved for the semester, I understand that I must complete all courses, each with a grade of "C" or better in order to continue receiving financial aid. If I do not, I will not be able to receive aid until I meet the STANDARDS OF SATISFACTORY ACADEMIC PROGRESS (SAP) requirements as stated in the SAP POLICY for financial aid. Any negative results such as class WITHDRAWALS, NO PASS, INCOMPLETE, or GRADES of "D" or "F" will change my financial aid academic status back to "disqualified".
<input type="checkbox"/> If my Appeal Form is approved for the semester, I understand it does not guarantee that I will receive payments since there are other factors that are considered during the financial aid screening process for eligibility. Some of these factors include, but are not limited to: income levels, SAI, Lifetime Pell Eligibility remaining (balances can be viewed at studentaid.gov), Loan default status, etc.
<input type="checkbox"/> If my Appeal Form is denied for the semester. I understand that I can submit a new Appeal Form for the following semester. I understand that having positive academic progress will be an important factor the next time I submit my Appeal Form.
<input type="checkbox"/> For students who have previously received a Bachelor's degree or higher from the United States or any foreign country:  I understand that I need an Approved Appeal Form which would allow me to apply for LOANS ONLY (since Bachelor degree holders are not eligible to receive Grants -- with the exception of the College Promise Grant). <i>Loan applicants should be aware of separate application deadlines and must have remaining Federal loan eligibility.</i>

## REASON FOR APPEAL

11. Please indicate the reason(s) for your financial aid disqualification status:

- Less than 2.0 GPA cumulative
- Less than 67% completion rate
- Exceeded the 150% maximum timeframe
- Previously earned a Bachelor's degree or higher in the United States or foreign country.



Appeal  
Workshop

<https://sdmiramar.get-counseling.com/>

DEFINITIONS:

**CUMULATIVE GPA** (Qualitative Standard)

*In order to be making satisfactory progress, the student must maintain a minimum GPA of 2.0 from all units attempted within the SDCCD colleges.*

**COMPLETION RATE** (Quantitative Standard)

*In order to be making satisfactory progress, a student must complete at least 67% of all units attempted within the SDCCD colleges.*

*Example: 30 units completed/42 units attempted = 71.42%*

**MAXIMUM ATTEMPTED UNITS** (Quantitative Standard)

*The number of units to complete a Certificate or Associate's Degree varies based on the major. Federal regulations allow for a maximum time frame not to exceed 150% of the published length of the academic program.*

*Examples:*

*Academic program of 60 units x 150% = 90 units for the Maximum Time Frame*

*Academic program of 40 units x 150% = 60 units for the Maximum Time Frame*

**PREVIOUSLY EARNED A BACHELOR'S OR HIGHER DEGREE**

*This category includes 1st Professional, Bachelor's, Master's, and Doctorate degrees from any college in the United States or any foreign country.*

*Satisfactory Academic Policy: [https://www.sdccd.edu/docs/StudentServices/SDCCD\\_FA\\_SAP\\_POLICY.pdf](https://www.sdccd.edu/docs/StudentServices/SDCCD_FA_SAP_POLICY.pdf)*

## EXPLANATION

12a. Please provide an explanation to identify what life events led to your unsatisfactory academic performance. If you already have a Bachelor's degree from any college in the US or foreign country, please explain why you are enrolled at a community college and the purpose of returning to the community college.

- *Be sure to describe your personal events by connecting it to the specific semesters where you achieved unsatisfactory academic performance.*
- *Provide a signed statement on a sheet of paper and attach it to this form.*

12b. Based on the factors that you've described in question 11a, please describe how your personal situation has changed that would allow you to be more academically successful. Be sure to include things such as:

- *Work schedule allows more time to study*
- *Health condition more stable*
- *Childcare secured*
- *Met with Academic Counselor to discuss pathway to succeed*

*NOTE: San Diego Miramar College (part of the SDCCD) is obligated to report any information it receives concerning possible sex or gender-based misconduct, including sexual assault, to the District's Title IX Coordinator. More information is available at [www.sdccd.edu/titleix](http://www.sdccd.edu/titleix).*

## SUPPORTING DOCUMENTATION

Supporting documentation must be attached to this form. Examples of supporting documentation include (but are not limited to):

*A signed letter on letterhead from an official 3rd party individual or, a medical bill, progress notes from a therapy session, medical chart, x-ray, discharge paperwork, pay stub, death certificate, obituary, funeral program, newspaper article, certificate of separation, divorce decree, insurance statement, moving documents, lease agreement, legal documents, military orders, summons, arrest warrant, police report, or court documents. Additionally, it can be extremely helpful to your appeal form if you obtain an endorsement letter from your academic counselor outlining your discussions to identify a plan for academic success.*

## SIGNATURE / CERTIFICATION

13. Please mark all of the following to verify that you understand and have completed all requirements to submit this form:

- I have read this entire form and understand all the conditions stated within.*
- I have an Education Plan on file (mySDCCD portal), or I have attached a copy of my educational plan to this form.*
- I have provided my signed, personal statement (for questions 12a & 12b).*
- I have attached supporting documentation.*
- I am aware that the estimated waiting period is 3-4 weeks.*

14. Signature

15. Date

*Submit by [upload link](#) to Miramar Financial Aid Office; or Mail to/drop off at San Diego Miramar College, Financial Aid Office, 10440 Black Mountain Road, San Diego, CA 92126*

### OFFICE USE ONLY

- Approved
- Denied
- Unable to Process

- Fall 2026
- Spring 2027
- Summer 2027

Staff Name:

Date:

Comments: