Only submit this form if your initial Financial Aid Appeal was denied!!!

If you have not had an Appeal denied, you need to first complete a Financial Aid Appeal Form
LBCC Financial Aid Office
The Satisfactory Academic Appeals Committee Request Form

Last Name:________________________________________ First Name:________________________________________

SSN#_________________________________________ Daytime Telephone#__________________________________

E-Mail Address:____________________________________________________________________________________

Reminder: In the event that your Financial Aid Appeal is denied, you may drop in during posted appeal hours to have your appeal heard in person. Please be sure to bring this completed form with you to your appeal.

If you want to add additional information that was not disclosed on your Financial Aid Appeal Form, you may do so on the lines provided below. If documentation pertaining to your appeal was not previously submitted, it is important to include now.

Please refer to the attached sheet for the Appeal drop-in hours to have your appeal heard in person.

➤ Students who are Academically Suspended from the College are not eligible to speak to the Appeals Committee
   • Please contact Registration for Guidance on this process.

The decision of the Satisfactory Academic Appeals Committee is FINAL!

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(Attach extra sheet if necessary)

Student Signature ___________________________ Date ___________________________
### Decision of The Satisfactory Academic Appeals Committee

<table>
<thead>
<tr>
<th>APPEAL ACTION</th>
<th>__ Appeal Approved</th>
<th>__ Appeal Denied</th>
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<tbody>
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<td></td>
<td>Academic Year ______</td>
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#### Recommendations:

__ Student is placed on PROBATION status. Student must pass 100% of enrolled classes for the next quarter they receive financial aid. Failure to do so will result in SUSPENSION. __

__ Student may return once Cumulative GPA is 2.00 and Completion ratio is at the minimum of 70%. __

#### The Appeal Committee Notes To Student:

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#### Appeal Committee Signature ____________________ Date __________

Linn-Benton Community College is an equal opportunity educator and employer.  

Rev 02/14