Completed Financial Aid Appeal Forms will be accepted and reviewed for:

Spring Term 2020

Feb 10th - Mar 24th, 2020.*

If you are aware that you will be in Unsatisfactory Academic Progress after Winter term 2020 grades are posted, you can submit your appeal form early. Remember, you are responsible for being aware of your academic progress in the classroom.

All Financial Aid Appeal Forms are reviewed in date order and a response will be delivered via WebRunner. It will be your responsibility to check your WebRunner account for the deciding decision of your Financial Aid Appeal.

In the event that your Financial Aid Appeal is DENIED, you have the right to meet with the Financial Aid Appeal Committee to have your appeal heard in person during the following appeal hours:

March 30, 31, and April 1 of 2020
Mornings: 9 a.m. – Noon • Afternoons: 1 p.m. – 3 p.m.

Download the Appeal Committee Request Form at http://www.linnbenton.edu/financial-aid/financial-aid-forms.

Financial Aid Appeals received on or after Mar 25th, 2020 will be reviewed in date order, but if they are approved, it will be for Fall 2020.

LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender, gender identity, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. For further information see Board Policy BP 1015 in our Board Policies and Administrative Rules. Title II, IX, & Section 504: Scott Rolen, CC-108, 541-917-4425; Lynne Cox, T-107B, 541-917-4806, LBCC, Albany, Oregon. To report: linnbenton-advocate.symplicity.com/public_report

Rev. 2/5/2018
Financial Aid Appeal Form

Last Name: _________________________________________   First Name: _____________________________________________________________

Student ID #_________________________________   Daytime Phone #_______________________________________________________________

E-Mail Address: _________________________________________________

Notes to Student: Financial Aid is NOT awarded retroactively for a prior term in which your Satisfactory Academic Progress was “Unsatisfactory”. Don’t forget to do your Student Success Plan too.

Definition of Extenuating Circumstances: Per Federal Regulations, extenuating circumstances are defined as: Appeals may be granted for students who fail to complete their courses because of injury or illness, the death of a relative, or other special circumstances which fall beyond the student’s control. Documentation Required.

Circumstances which are not considered extenuating are: Incarceration, poor choice of classes, poor progress due to employment obligations, personal problems involving moving, childcare, relationship issues, loss of roommate, transportation difficulties and other similar problems.

Documentation: Appropriate documentation of your extenuating circumstances must accompany this appeal. Examples of appropriate documentation include notes from a Health Care Provider(s), counselors and social workers. Police Reports, death notices and court reports may be used to document your circumstance. Notes from family members and friends do not constitute adequate documentation.

1. In your own words explain why you did not achieve the required credits and/or grade point average. (Be specific. Attach documentation and extra sheet if necessary)

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2. Indicate what actions you plan to implement to prevent or correct this situation in the future at LBCC. (Attach extra sheet if necessary)

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Student Signature ___________________________ Date _______________________________
☐ Appeal Approved ______  ☐ Appeal Denied  ☐ Appeal Requirements Met  
☐ Restricted Approval  ☐ Appeal Requirements NOT Met  
☐ Appeal Requirements Met  
☐ Appeal Tabled (needs more info)  ☐ Tabled Date: __________

**Recommendations:**

☐ Student must satisfactorily complete 100% of attempted credits per term with a quarterly GPA of 2.00 [C Average] or better.

☐ Student must raise cumulative completion rate of 70% with a cumulative 2.00 GPA before being reinstated.

☐ Comments: __________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Is the student enrolled in Summer term classes? ☐ Yes ☐ No

_____________________________________________________

Financial Aid Advisor Signature  (Date)  

Financial Aid Director or Assistant Director of FA  (Date)
Student Success Resource Recommendations
(to be filled out by Advisor, indicating recommendations for this student’s success)

Student Name ____________________________  ID # ________________________
Program of Study _________________________  Date: _______________________
Primary Advisor: __________________________

Advisor Recommendations:
___ Use Learning Center resources (WH, 2nd floor; Benton Center)
     ___ Tutoring   ___ Writing Center   ___ Math Help Desk
     ___ Math Cafe   ___ College Skills Zone   ___ Study in Learning Center
___ Center for Accessibility Resources (CFAR) (RCH 105)
___ Retake placement test (RCH 111) ___ Math ___ Reading ___ Writing
___ See a counselor or advisor in the Advising Center (Takena Hall)
___ Explore Career with a Career & Advising Support Specialist - Advising Center (Takena Hall)
___ Set up a Single Stop appointment to address financial barriers (Takena Hall, first floor)
___ Follow-up appt with ____________________________, on ______________, at _________

Comments or Additional Notes: ___________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________  _________________________________________
Student Signature  Signature of Academic Advisor approving this plan

Please print advisor’s name
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Comments:

Signature of Academic Advisor who Approved Plan:

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Writing: 90 95 115 121
Reading: 110 115 120
Math: 60 65 70 85

Completed Placement Test Results:

Total credits earned toward degree:

Date:

Academic Advisor:

Name:

Major:

Degree: AS-Osu

ASOT

E-mail:

Phone:

Student ID:

Education Plan: