



UNIVERSITY OF LAVERNE

Office of Financial Aid

FINANCIAL AID ACADEMIC PROGRESS APPEAL REQUEST FORM (Please submit your appeal on this form by typing or printing neatly.)

Student Name: _____

Student ID: _____

Step 1 Provide a concise explanation, for this appeal, ON THIS FORM, and the extenuating circumstances that led you to be disqualified from receiving financial aid. Beyond your statement below, please provide documentation to support your circumstances. If you do not provide supporting documentation regarding your circumstances your appeal may be denied. Please explain how you have addressed these factors so that you can complete the courses required to meet your educational objective. Add an additional sheet if you need more space, and be sure to include your student ID number on all documents submitted.

Step 2 If you entered La Verne in Fall 2009 or later, obtain a printout of your online degree requirements (WebCAPP) on MyULV. Go to <http://sites.laverne.edu/registrar/student-information/webcapp>.

If you began prior to Fall 2008, contact the Registrar's Office to obtain for an unofficial evaluation of degree requirements. Take your unofficial evaluation of degree requirements to your academic advisor for review.

Step 3 Attach the **Academic Plan Schedule** completed by you and your **academic advisor** which outlines the **remaining** courses you must complete in order to achieve your educational objective.

Step 4 Sign this form.

STUDENT'S SIGNATURE: _____

DATE: _____

Home Telephone Number: _____

Cell Phone Number: _____

Step 5 Submit this form and your Academic Plan Schedule and your unofficial evaluation of degree requirements to the Office of Financial Aid.



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ACADEMIC PLAN SCHEDULE

(This form is to be completed by the Academic/Faculty Advisor. Please type or print neatly.)

Student Name: _____ Student ID: _____

Academic Major: _____ Undergraduate Graduate

Please identify the courses this student will be required to complete in order to complete his/her degree at the University of La Verne.

| | Name of Course | Units | Semester | Year |
|-----|-----------------------------|-------|----------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| | Total Units Required | | | |

When is this student expected to complete his/her degree at La Verne? Month _____ Year _____

In your opinion, is the student capable of completing this program? Yes No

Please explain:

Printed Name of Academic/Faculty Advisor: _____

Academic Advisor's Signature: _____ Date: _____

| For Office of Financial Aid Use Only | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Financial aid eligibility approved <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Winter 20_____ | |
| Comments: _____ _____ | |
| Authorized by: _____ | Date: _____ |