

University of La Verne

Office of Financial Aid | 1950 Third Street | La Verne, CA 91750 | Phone: (800) 649-0160 | Fax: (909) 448-1629

FINANCIAL AID ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ **Student ID:** _____

Step 1 Provide a concise explanation regarding the extenuating circumstances that led you to be disqualified from receiving financial aid. Explain how you have addressed these factors so that you can successfully complete the courses required for your educational program. Add an additional page if more space is needed. Be sure to include your student ID number on all documents submitted. **Please type or print neatly.**

Step 2 Provide documentation to support your extenuating circumstances.

Step 3 Meet with your academic advisor and complete the attached Academic Plan together, outlining **ALL** remaining courses needed to achieve your educational objective. If the appeal is approved continued eligibility will be contingent upon you following and successfully completing the courses outlined in your plan.

Step 4 Sign this form. By signing this form, you agree to follow the Academic Plan as developed by you and your academic advisor. Ensure you keep a copy of your Academic Plan for future reference.

Student's Signature: _____ **Date:** _____

Best phone number to reach you: _____

Step 5 Submit this signed form, your supporting documentation, and your completed Academic Plan to the Office of Financial Aid. Appeals will be reviewed within 10 to 14 days.

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ACADEMIC PLAN

This form is to be completed by the Academic/Faculty Advisor and must list ALL courses needed for the student to complete their educational program at La Verne. Please type or print neatly, and attach a separate page if needed.

Student Name: _____ **Student ID:** _____

Major: _____ **Undergraduate** _____ **Graduate** _____

Overall current La Verne Units based on academic level

LV Units Attempted	LV Units Complete	LV GPA

	All Remaining Courses Needed for Program Completion	Units
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
	Total Units Remaining	

When is this student expected to complete their current program at La Verne?
In your opinion, is the student capable of completing this program?
Additional Information:

Print Name of Academic/Faculty Advisor: _____ Extension: _____

Academic Advisor's Signature: _____ Date: _____

For Office of Financial Aid Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Authorized by: _____	Date: _____

Units by term if appeal is approved

Term	Units Attempted	Units Completed	Term GPA	New Status