

California Lutheran University – Office of Financial Aid

2015-16 SAP/IAE Appeal Form for Maximum Timeframe Undergraduate/Professional Students

RETURN TO:

CLU Office of Financial Aid
60 West Olsen Road #1375
Thousand Oaks, CA 91360
EMAIL: finaid@clutheran.edu
FAX: (805) 493-3114

In accordance with Federal and University regulations, students who have been suspended from receiving financial aid may appeal to the California Lutheran University Financial Aid Appeals Committee for reinstatement. An appeal allows the student to address any **extenuating circumstance(s)** for his/her failure to maintain Satisfactory Academic Progress (SAP) and/or Institutional Aid Eligibility (IAE).

Instructions

APPEAL GUIDELINES

- Before completing and submitting this appeal, review the SAP and IAE Policies to ensure you understand the necessary requirements. Lack of knowledge of the SAP and IAE requirements will not be grounds for the approval of an appeal.
- Be specific when explaining your circumstances. Lack of information will result in a delay of an appeal review, or may result in a denial of your appeal.
- Do not discuss your need for financial aid in your appeal. This is not a valid reason for approval of an appeal.
- Appeals are evaluated by the Financial Aid Appeals Committee within two to six weeks of receipt of the completed appeal.
- You may not receive an appeal decisions prior to the start of classes; you should plan on making payment arrangements with Student Accounts to avoid the risk of class cancellation.

Required Documentation

You must complete **ALL** of the following steps within **thirty (30) calendar days** from the date listed on the letter notifying you of your Suspension status:

- Both you and your Advisor/Evaluator must complete this form and submit it to the Office of Financial Aid**
- Attach documentation to this form (if applicable) to support the appeal**
- Complete, print, and submit a copy of your "Program Evaluation"** (This can be found through WebAdvisor under Academic Planning. Its purpose is to list all course requirements and a timeline for achieving completion of your degree)

Student Information

This section must be completed by you, the student, before this form is submitted to the Office of Financial Aid.

Last Name	First Name	M.I.	CLU ID # or Social Security Number
Current Major		Expected date of graduation	
<input type="checkbox"/> I am an Undergraduate student and I understand that I may receive: Institutional Financial Aid for up to 140 attempted units. Federal Financial Aid for up to 186 attempted units.			
<input type="checkbox"/> I am a Professionals student and I understand that I may receive Federal and Institutional Financial Aid for up to 186 attempted units.			
Did you change your major while attending CLU?	<input type="checkbox"/> Yes... Date of change	<input type="checkbox"/> No	
Are you pursuing a second degree from CLU?	<input type="checkbox"/> Yes... Type of 1 st degree (e.g. BA or BS)	<input type="checkbox"/> No	
Did you transfer credits from another university?	<input type="checkbox"/> Yes... # of units transferred	<input type="checkbox"/> No	

Explanation

Please use the space below and give an explanation for earning a second degree or why you require additional time to complete your primary degree:

Signature

The submission of an appeal does not guarantee that a student will regain eligibility. The Financial Aid Appeals Committee will review the appeal and notify the student, in writing via email to the student's callutheran.edu email address, of the committee's decision. **All committee decisions are final.**

Student Signature - Required

Date

Advisor/Evaluator Confirmation (Required)

This section must be completed by your Faculty/Academic Advisor, a Registrar Evaluator, or an SSS/CSS official before this form is submitted to the Office of Financial Aid.

Number of units needed to complete his/her degree:

Anticipated date of graduation:

Additional Comments from Faculty/Academic Advisor:

Advisor Print Name

Advisor Signature

Date

PLEASE RETURN TO CALIFORNIA LUTHERAN UNIVERSITY AT THE ADDRESS LISTED ABOVE.

FOR OFFICE USE ONLY:

Previous Appeal:

☐ YES ☐ NO

Appeal Decision:

☐ APP ☐ DEN

Credits Required for Completion

Committee Member Signature

Sent Email:

Counselor Name:

Date
