Long Beach Community College District  
Financial Aid Programs

Appeal for Reinstatement of Financial Aid

Name: ____________________________ Student ID# ____________________________

Address: Street ____________________________ City ____________________________ State ____________________________ Zip ____________________________ Phone ____________________________

When are you requesting to be reinstated to financial aid? ____________________________

During which semester(s) did you fail to make satisfactory academic progress?

☐ Fall _______ Year
☐ Spring _______ Year
☐ Summer _________ Year

(If more than one semester, please address each semester separately in your explanation.)

Current Degree Objective (check one): ☐ AA ☐ AS ☐ Certificate ☐ Transfer

Planned Transfer School ____________________________ Major ____________________________

Have you taken the Assessment Test? ☐ Yes ☐ No
Completed Orientation? ☐ Yes ☐ No
Counseling 1? ☐ Yes ☐ No
Learn 11? ☐ Yes ☐ No
Counseling 49? ☐ Yes ☐ No

When was the last time you met with your counselor? ____________________________

Directions: Your appeal for reinstatement will be reviewed by the Financial Aid Appeals Committee. The review process may take several weeks depending on the volume of appeals received and the time of the year. Please answer the following questions as fully and completely as possible to avoid an extended delay. If you need additional space, continue on a separate piece of paper. Please attach any documentation you have that will help the Financial Aid Appeals Committee come to a favorable decision.

1. In your own words, describe the situation at the time you failed to make satisfactory progress that caused you to be unable to complete your classes or maintain a 2.0 grade point average. Include any situation or difficulty that impacted your performance.

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Total ________ - 3 = __________
2. Describe what you have been doing to improve your situation since you were suspended from Financial Aid. What have you done to solve the problem? Include all courses taken and schools attended.

____________________________________________________________________________________
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3. Please describe your educational and career objectives. List the courses in which you plan to enroll during the upcoming semester.

____________________________________________________________________________________
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Do you plan to attend:
☐ 12 or more units (full time)   ☐ 9-11.5 units (3/4 time)   ☐ 6 – 8.5 units (1/2 time)
☐ Less than 6 units (less than half time) __________

Student’s Signature ____________________________ Date ______________

Financial Aid Appeals Committee ____________________________ Date ______________

For denials, a second signature is required:

2nd Signature/FA Counselor ____________________________ Date ______________