

PLEASE RESPOND TO ALL APPLICABLE QUESTIONS ON THE APPEAL FORM

Make sure your statement is clear and concise. Avoid vague statements such as “I had personal problems.” Also the appeal should *not* include statements based on financial need. Attach any supporting documents for example medical documentation, an accident report, obituary notice, etc. that will support the circumstances in your appeal.

1. Why have you attempted 90 or more units or earned an Associate Degree or higher and have not completed your educational goal?

2. What steps are you currently taking to earn units at an acceptable rate to complete your educational goal?

3. Please state your unusual circumstances that prevented you from maintaining a minimum 2.0 cumulative GPA and/or completing at least 67% of all units you have attempted with acceptable grades.

4. What have you done to address the problems that have prevented you from meeting the LAVC SAP requirements? How do you plan to meet these requirements in the future?

Student's Signature: _____

Date: _____

SUB-STANDARD STUDENT EDUCATIONAL PLAN (SEP)

Counselor: _____ [print]

EDUCATIONAL GOAL(S): (CHECK)

Student: _____ [print]

Associate Of Arts/Science Degree: Major: _____

SS#: _____

Bachelor Of Arts/Science Degree: Major: _____

EOPS FA DSPS

Name of 4 year College: _____

ATH Sport: _____

Occupational Certificate: Major: _____

Other: _____

INCLUDE CURRENT SEMESTER CLASS WORK.

SEMESTER:	UNITS	SEMESTER:	UNITS
TOTAL UNITS		TOTAL UNITS	
SEMESTER:	UNITS	SEMESTER:	UNITS
TOTAL UNITS		TOTAL UNITS	
SEMESTER:	UNITS	SEMESTER:	UNITS
TOTAL UNITS		TOTAL UNITS	

Counselor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

- Loan
- Other _____

**EXTENSION/COMBINATION
STUDENT EDUCATIONAL PLAN (SEP)**

_____ Last Name First Name MI

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Social Security Number

Choose one Educational Goal:

Certificate Associate Degree Transfer*

Graduation Date: _____

* Name of Four Year College: _____ Major: _____

PLAN FOR PROPOSED COURSE WORK -- Counselor, please list only the required courses the student needs to complete his/her immediate educational goal at LAVC including current semester course work. *If listing area or category of courses, please attach a curriculum worksheet to this SEP.*

List the General Education requirements still needed: (include current semester courses if applicable).

Course	Units	Course	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the Major required courses still needed: (include current semester courses if applicable).

Course	Units	Course	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Student must be enrolled in approved courses; otherwise disbursement will be impacted.

_____ Counselor's Name [please print] Signature Date

I understand that the Financial Aid Office will not accept a Financial Aid Appeal that is incomplete or lacks documentation; therefore, I am submitting my complete appeal. I also understand that I must submit my appeal and other supporting documentation within thirty (30) working days from the date of the Disqualification Letter or by the Financial Aid Office's appeal deadline, whichever is earlier. If approved, I must demonstrate Satisfactory Academic Progress and meet all reinstatement conditions to avoid disqualification during the current or in the subsequent semester(s).

_____ Student's Signature Date

- Loan
- Other _____