Orange Coast College
Student Financial Aid Office
2009 - 2010

Petition for Reinstatement of Student Financial Aid

Name: _____ ID#:_____
Last First Middle

Address: _____
Street City State Zip

Which semester do you want to receive student financial aid?_____

Which semester(s) did you fail to make appropriate academic progress?

☐ Fall _____ ☐ Spring _____ ☐ Summer _____

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

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

Transfer_____ Major_____

Your petition for reinstatement will be reviewed by the Student Financial Aid Appeal Committee. The review process may take 2-3 weeks depending on the volume of petitions received.

Please answer the following questions as fully and completely as possible. If you need additional space continue on a separate piece of paper. Please attach any documentation you have that will help the Student Financial Aid Appeal Committee come to a favorable decision.

1. In your own words, describe the situation that caused you to be unable to complete your classes or maintain a 2.0 grade point average. Include any situation or difficulty that had a bearing on the disqualification.

_____

_____

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_____

PLEASE CONTINUE ON A SEPARATE SHEET IF NEEDED

2. Describe what you have been doing since you were disqualified from student financial aid. Include all courses taken and schools attended. Also, include anything you have done to improve the situation and solve the problems that caused you to be disqualified.

3. Please describe your educational and career objectives. Also, include the courses which you are planning to take during the upcoming semester.

Student's Signature

Date