



2026-2027 Fall 2026

Financial Aid Appeal Form

Last Name (Please Print) _____ First Name _____ M.I. _____ Student ID# _____

Address _____ City _____ State/ZIP _____ Phone # _____

THE APPEAL FORM IS FOR STUDENTS WHO ARE ON FINANCIAL AID DISMISSAL DUE TO ONE OR MORE OF THE FOLLOWING REASONS:

- o **Cumulative Grade Point Average is Below a 2.0**
- o **Cumulative units completion rate less than 66.67%**
- o **Attempted units more than 150% of program of study**

DEADLINES To Submit Appeals:

- ☐ Fall Semester – **December 1st, 2026**

INSTRUCTIONS:

Provide the required documents below. The information provided on this Appeal Form will ultimately determine your eligibility to receive Financial Aid.

- o Complete this form
- o Updated Student Educational Plan (SEP) completed by a Peralta Counselor. (Appointments are necessary to meet with Academic counselors for completion of a SEP)
- o Completed results from Financial Aid SAP Appeal Workshop in Canvas (<https://tinyurl.com/PeraltaGetSAP>)
- o PCCD Academic Unofficial Transcript (include Current Courses)
- o Documentation that can support your Personal Statement. Providing sufficient documentation maybe the difference between the approval or denial of your Appeal. For example:
 - ➡ Medical Documents: Doctor's statement, Medical bills, Etc...
 - ➡ Death Certificate
 - ➡ Police Reports or Legal Documentation
 - ➡ Letters from a professional on a letterhead who can support your circumstances
- o Student Personal Statement explaining the circumstances that caused your dismissal

The following questions should be addressed in your statement :

1. Describe in detail the extenuating circumstances on why you were unable to maintain a cumulative 2.0 and/or complete the minimum required units. (Examples: Illness/Injury of the student, Death of an immediate family member, Medical and/or family emergencies)
2. Explain in specific steps on how you propose to improve your grade point average and/or the completion of your course.
3. Explain in detail why you have not completed your Certificate, A.A., A.S., or Transfer program objective within 150% or less program time frame, AND, indicate when and how many more units are needed to complete your educational objective.

NOTE:

The following are not extenuating circumstances: Poor study habits, an overload of coursework, lack of preparedness, or did not receive financial aid in a timely manner. **Submitting an appeal does not guarantee approval. If your appeal is denied, you will be responsible for all fees associated with your enrollment during the semester. Additionally, a mid-term progress report may be requested to confirm your current academic progress.**

The Financial Aid Appeal Committee will review the completed Appeal Packet. The committee's decision will be forwarded to the Financial Aid Office (FAO). The FAO will notify you the appeal decision by e-mail. During peak periods (registration periods) there may be an extended wait time.

THE DECISION OF THE COMMITTEE IS FINAL!



Berkeley City College
2050 Center Street
Berkeley, CA
510.981.2805



College of Alameda
555 Ralph Appezato Mem.Pkwy
Alameda, CA 94501
510.748.2228



Laney College
900 Fallon Street
Oakland, CA 94607
510.464.3314



Merritt College
12500 Campus Drive
Oakland, CA 94619
510.436.2465

Student ID #

► **Student's Education Objective at PCCD:**

[] AA/AS – (Degree Major:_____)

[] Certificate - (Type:_____)

[] Transfer - (Program Major: _____ Potential College: _____)

► Student's Expected Completion Date at PCCD: _____

► **Counselor's Comments:**

COUNSELOR'S SIGNATURE: _____ **DATE:** _____

STUDENT PERSONAL STATEMENT: (PLEASE WRITE OR TYPE CLEARLY – ATTACH ADDITIONAL PAGE(S) IF MORE SPACE IS NEEDED. ALL ATTACHMENTS MUST HAVE STUDENT’S ID NUMBER AND SIGNATURE. REFER TO THE FRONT PAGE FOR INSTRUCTIONS IN WRITING YOUR STATEMENT.)

STUDENT CERTIFICATION: I CERTIFY THAT ALL STATEMENTS AND/OR SUPPORTING DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. **WARNING:** Any false statement or misrepresentation will be cause for denial.

STUDENT'S SIGNATURE: _____ DATE: _____



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