

Gavilan College
Financial Aid Office
Phone: 408-848-4727
Email: finaid@gavilan.edu
Fax: (408) 848-4752

<p>Appeal Deadlines: Fall: Last Day of Fall Semester Spring: Last Day of Spring Semester Summer: Last Day of Summer Semester</p>

CA College Promise Grant Appeal
(Formerly Known as the Board of Governor's (BOG) Fee Waiver)

Name: _____

G00 _____

Email: _____

Phone: (_____) _____

INSTRUCTIONS

Refer to My Gav portal to confirm petition process applicable to you:

- Loss of CA College Promise Grant – Dismissal status:**
Do not complete CCPG Appeal. Complete "Petition for Re-Admission" and see counselor by published deadline.

- Loss of CA College Promise Grant – Probation 2 status:** Students on Probation 2 status may complete this appeal.

Foster Youth Under Age of 24:

If you are a foster youth and under age of 24, you are **exempt** from loss of CCPG and do not need to complete this appeal. Contact Financial Aid Department to verify foster youth status, if you are under age of 24.

Per California Ed Code, Title 5 Section 58621, Gavilan College has established appeal process for students who lose CCPG award due to (2) consecutive terms of academic or progress probation or dismissal status at Gavilan. A CCPG appeal may be submitted for one semester reconsideration. CCPG appeal should be fully completed, with signature, and typed student statement to be considered. Submit completed appeal packets to Financial Aid Department by published document deadlines. Students are required to complete part 1 and 2 of CCPG appeal.

PART 1

I am requesting CCPG reinstatement based on following. I will submit requirements based on stated situation.

- Extenuating Circumstances:** I experienced extenuating circumstances like illness, serious accident, hospitalization, death of immediate family member or circumstances beyond the control of the student or other circumstances that might include documented changes in the student's economic (financial) situation.

Requirements:

- Provide typed statement (1 page max) describing extenuating circumstances.
- Submit documentation to verify your situation like: doctor's notes, accident report, death certificate, loss of job, etc.

- Significant Academic Improvement:** I have made significant academic improvement by completing my last semester with a minimum 2.00 term GPA and completed more than 50% of my semester coursework.

Requirements:

- Provide typed statement (1 page max) explaining academic improvement.

Provide Verification of Academic Improvement

- Print and attach Gavilan unofficial transcript from MyGav.
- OR
- Attach official or unofficial transcript from other college.

Untimely Disability Accommodations: I provided all necessary documentation to the Accessible Education Center (AEC) to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodations.

Requirements:

- Provide typed statement (1 page max) describing the accommodation you did not receive.

Inability to Obtain Essential Support Services: I was unable to obtain essential support services.

Requirement:

- Attach typed statement explaining what support services you sought and did not receive.

Special Consideration Factors for EOPS, CalWORKs, AEC, and Student Veterans: I would like to be granted special consideration as I am a student in one of these programs:

- EOPS
- CalWORKs
- AEC
- Veteran

Requirement:

- Attach typed statement explaining your request for special consideration based on participation in EOPS, CalWORKs, AEC programs, or based on status as veteran.

PART 2

1. I understand this appeal will be prepared for review by Appeals Committee. I will be notified via email regarding appeal decision.
2. If you've reported participation in EOPS, CalWORKs, AEC or status of veteran, this status will be verified before the appeal committee reviews your appeal.
3. If my CCPG Appeal is approved, I will regain CCPG eligibility for stated semester on appeal, and if applicable, I will regain enrollment priority. Approval is for one semester only.
4. If my CCPG Appeal is denied, I will be responsible for \$46 per unit enrollment fee (if I'm a California resident), and other fees on my account. Failure to pay student account balance by published payment deadlines will result in drop from all semester classes.

My signature indicates I've read and understand terms and conditions of CCPG Appeal.

Student Signature: _____

Date: _____

STAFF ONLY:

- CCPG Approved for (term): _____ ***Add: **000** code on RRAAREQ, status= "S"
- CCPG Denied for (term): _____ ***Add: **000** code on RRAAREQ, status= "D"

Signature

Date