



LOSS OF CALIFORNIA PROMISE (FORMERLY BOG FEE WAIVER) APPEAL

Last Name	First Name	MI	SWC ID Number
Email Address		Telephone Number	Semester (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

CCPG Satisfactory Academic Progress Standards

CCPG recipients must meet satisfactory academic progress standards as follows:

- ⇒ **Academic standard:** sustain a cumulative grade point average (GPA) of 2.0 or greater, and:
- ⇒ **Progress standard:** complete more than 50% of units attempted

Students not meeting both these standards for two consecutive primary terms (fall/spring) are ineligible for the CCPG. For more information on program requirements, please go to www.swccd.edu/ccpg.

CCPG Appeal Reasons

Students may appeal for any of the following six reasons. Please check the one that applies to you and **attach required documentation! Please only check one reason for appeal.**

Extenuating Circumstances. I experienced extenuating circumstances, which are verified cases of accident, illness, financial difficulty, job loss, homelessness, eviction, or other circumstances beyond my control. **Inclusion of documentation of extenuating circumstances is strongly recommended.**

Academic Improvement. I made academic improvement the last primary semester (fall/spring) by achieving a 2.0+ GPA and completing more that 50% of the units attempted. **Attach copy of unofficial SWC transcript.**

Untimely Accommodation. I am a student with a verified disability who applied with Disability Support Services (DSS) prior to the deadline but did not receive my accommodation in a timely manner . **Attach a copy of your Authorized Academic Accommodation Form.**

Last Name _____

SWC ID Number _____

- Inability to Obtain Essential Support Services.** I was unable to receive essential support services. **Inclusion of documentation of issue is strongly recommended.**

- No Enrollment for Two Primary Semesters.** I have not been enrolled at SWC for two consecutive, primary semesters (fall/spring) since I became ineligible for the CCPG. **Attach copy of unofficial SWC transcript.**

- Special Consideration.** I would like to request special consideration as I am a student in one of the following programs (check one) CALWORKS DSS EOPS VETERANS

Must be signed by the appropriate program faculty or staff member :

Printed Name : _____ Signature: _____ Date: _____

Student Certification

Please initial below to certify:

_____ All statements and supporting documentation are true and correct to the best of my knowledge.

_____ I understand that if my appeal is approved, I must make academic improvement each primary semester (fall/spring) by achieving a 2.0+ GPA and completing more that 50% of the units attempted to retain CCPG eligibility. I understand that my record will be evaluated at the end of each term to determine academic performance and that future aid is dependent on maintaining academic standards.

_____ I understand that processing of my appeal will take 2-4 weeks.

_____ I understand that all information provided on this appeal is considered confidential. However, **all Financial Aid employees are considered Responsible** Employees and are mandated to report any incidents of sexual harassment, discrimination, assault, or abuse to the Title IX Administrator. Questions or concerns should be directed to the Title IX Officer.

Student Signature

Date

FOR OFFICE USE ONLY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> FOLLOW UP
Staff Signature	Date		
COMMENTS: _____			

