Please make sure to add your name and LoLA number on each page you submit with your appeal form.

Student Name ____________________________________________________________
LoLA Number ____________________________________________________________
Phone Number ___________________________________________________________
Semester & Year __________________________________________________________
Campus/Location Attended ________________________________________________

Please answer the following questions on a separate sheet of paper. Your answers may be typed or legibly handwritten. Failure to answer the questions and provide required documentation will result in denial of application.

1. Provide statement detailing the mitigating circumstances and how it impacted your performance.
2. Provide statement regarding what steps you have taken to attempt to remove the circumstances and whether the circumstances have, in fact, been removed.
3. An Academic Plan is required if you cannot meet the required GPA/Pace requirement within the mandatory timeline. Please meet with your Academic Advisor to discuss and obtain a signed Academic Plan. PLEASE ATTACH SIGNED ACADEMIC PLAN FROM YOUR ACADEMIC ADVISOR.

Types of Documents: Please check all applicable documents that you are attaching to your appeal.

___ Academic Plan  ___ Fire Department Reports  ___ Medical Records
___ Birth Certificate  ___ Hospital Bills  ___ Obituary Notice
___ Death Certificate  ___ Letter from 3rd Party/Relative  ___ Pictures
___ Doctor’s Statements  ___ Letter from Employer  ___ Police Reports

Other ________________________________________________________________

Student Acknowledgement:
• I hereby request that my case be reviewed for possible reinstatement of my financial aid.
• I have attached all documentation needed to explain my mitigating circumstance.
• I understand that only exceptional cases which can be documented will be approved. I have attached such documentation: i.e., doctor’s statements, death certificates, bills, etc.
• I also understand that I am responsible for any balance on my account and I agree to make necessary payments in the event my satisfactory academic progression application is not approved.

Student Signature ____________________________________________ Date _____________________

Note: All appeals must be submitted by deadlines listed on www.dcc.edu. Appeals submitted after the final deadline will NOT be reviewed.