ALAMO COLLEGES
PALO ALTO COLLEGE

APPEAL FORM
OVER 99 ATTEMPTED HOURS

20010-2011

BANNER#:_____

NAME:_____ SSN#:_____-_____-_____

PLEASE *READ AND INITIAL* THE FOLLOWING APPEAL APPROVAL CONDITIONS

If approved for appeal, I agree to the following requirements:

_____ INITIAL
- Only classes ***approved on ATTACHED degree plan*** **REVIEWED & SIGNED** by a Faculty Advisor will be accepted.

_____ INITIAL
- All attempted classes enrolled per semester must be completed 100% with at least a 2.0 GPA.

_____ INITIAL
- Approved degree plan must be completed within the enrolled academic year.

_____ INITIAL
- All required conditions will be verified at the end of each semester.

_____ INITIAL
- The Financial Aid Director will make the final determination of all appeals.

_____ INITIAL
- **YOU MUST BE PREPARED TO PAY YOUR OWN TUITION AND FEES PENDING A DECISION.**

_____ INITIAL
- **CHECK THE RESULT OF YOUR FINANCIAL AID APPEAL: www.alamo.edu**

1) INDICATE *when completing program at* ***PAC:*** ☐Fall_____ YEAR ☐Spring_____ YEAR ☐Summer_____ YEAR

2) IDENTIFY MAJOR OR STUDY:

a) Associate Degree:_____ or Transfer Degree:_____

b) Certificate:_____ or Other(Identify) :_____

3) LIST *ALL previous* *colleges attended before enrolling at* PAC:

a)_____Year:_____Attempted Hours:_____

b)_____Year:_____Attempted Hours:_____

c)_____Year:_____Attempted Hours:_____

4) IDENTIFY *college(s) attending*:

- Fall'2010_____
- Spring'2011_____
- Summer'2011_____

5) PROVIDE *the reason why you have attempted excessive hours and are still at a junior college level*:

_____

_____

_____

_____

FOR ADDITIONAL SPACE NEEDED – USE BACK OF PAGE

6) ATTACH DEGREE PLAN: ***HIGHLIGHT REMAINING COURSES NEEDED TO BE COMPLETED***

✱***Degree Plan*** **must have a Faculty Advisor signature and approval if you are attending another college with a junior or senior grade status.**

7) ALLOW 2 - 4 WEEKS FOR PROCESSING

_____ _____/_____/_____

STUDENT'S SIGNATURE DATE

The Alamo Community Colleges are an EOE. For any special accommodations issues or an alternate format, contact Palo Alto Disability Support Services at 486-3020.

FOR ADDITIONAL SPACE NEEDED – USE BACK OF PAGE

OFFICE USE ONLY

☐ Financial Aid Suspension ☐ Conditional Aid Awarded ☐ Approved ☐ Denied

☐ (Attempted over 99 credit hours at PAC) ☐ (Attempted over 99 credit hours at PAC + transfer hours)

Comments:_____

All documentation submitted? ☐ Yes ☐ No SFS Officer:_____Date:_____/_____/_____