



Name: \_\_\_\_\_ FRC ID #: \_\_\_\_\_

Facility: \_\_\_\_\_ Yard: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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Semester of appeal:

Fall 20 \_\_\_\_

Spring 20 \_\_\_\_

Summer 20 \_\_\_\_

**Please check the appeal(s) that apply to you:**

**CALIFORNIA COLLEGE PROMISE GRANT (CCPG) APPEAL:**

If you received a notification stating that you have lost your CCPG, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied.

*The California College Promise Grant (CCPG) requires students to have a cumulative completion rate (progress) of 50% and a cumulative (academic) grade point average of 2.0 or higher to be eligible for the California College Promise Grant.*

**ACADEMIC DISMISSAL APPEAL:**

If you received a notification stating that you have been placed on Academic Dismissal, check this box. Follow the instructions carefully as failure to do so will result in the appeal being denied.

*A student is subject to dismissal if the student has earned a cumulative grade point average of less than 2.0 in all units attempted in each of three consecutive primary semesters (fall and spring). A student is subject to dismissal if the percentage of units in which the student has been enrolled for which entries of "W," "I," "NC," and "NP" are recorded in at least three consecutive primary semesters (fall and spring) reaches or exceeds fifty percent (50%).*



1) **In the section below**, please provide a detailed statement listing the reason(s) you experienced difficulty and did not pass your classes. Examples of legitimate difficulties are illness or injury, family problems, inability to access support services, and/or change in financial status.

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2) **In the section below**, please provide a detailed statement explaining what your plan is to improve your academic performance.

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- 3) Please **attach** to this appeal the documents which apply to your situation (as specified in #1). Examples of documentation which **might** apply to your situation include:
- Letter(s) from physician(s), hospital(s), or other health care professional(s), and receipts or bills identifying medical issue(s)
  - Letters from advisors, counselors, faculty, and other knowledgeable people who knew the difficulties you experienced
  - Letter from your employer verifying a change in work schedule and when it occurred
  - Any other documents, statements or receipts that show cause for academic problems
  - Death certificate or obituary of deceased family member
  - Verified accidents, illness, or other circumstances beyond your control
  - Changes in economic situation
  - Evidence of inability to obtain essential support services
  - Disability accommodations not received in a timely manner.



- 4) Your ISP (Incarcerated Student Program) academic advisor has attached an updated copy of your Student Education Plan (SEP) with this form.
  
- 5) When submitting an appeal for an Academic Dismissal you will need to attach a Registration Application.

I hereby certify that a copy of the students updated SEP has been attached and mailed to the student.

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ISP Coordinator/ADI Printed Name	ISP Coordinator/ADI Signature	Date
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**Student Certification**

I certify that all of the information provided is complete and correct.

_____	_____
Student's Signature	Date

**RETURN COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:**

Incarcerated Student Program  
570 Golden Eagle Ave  
Quincy, CA 95971  
Fax: (530)283-4659  
E-mail: financialaid@frc.edu

<b>*** OFFICIAL USE ONLY ***</b>		
Original: Financial Aid Office	Processed By: _____	Date: _____