

Post Baccalaureate Professional Judgment Appeal Request 2017-2018

The Federal Government states that a student is eligible for aid as long as they have not attempted more than 150% of courses required to get the highest degree the college offers. The highest degree LSC offers is an Associate degree, which means generally once a student has attempted 90 hours they are no longer eligible for aid, thus making students with a Bachelor degree ineligible.

The Post Baccalaureate is an appeal process. A student **MUST** have documented extenuating circumstances/hardships for consideration. If no extenuating circumstances or hardships are demonstrated, the appeal will be denied. **Students can still attend LSC at their own expense.**

Allow 2-3 weeks for processing, except during peak times it may be longer.

All transcripts must be received and evaluated by LSC before request is reviewed.

STUDENT INFORMATION	
Student Name	
Student ID#	Phone

Bachelor's Degree

- Post baccalaureate students are not eligible for Pell Grants.
- If approved, post baccalaureate students will be considered undergraduates and loan awards are based on undergraduate loan limits. Note: Students who have exceeded the undergraduate loan limits will not be eligible for aid.

Initial below indicating that you have read each statement:

_____ The department of education requires all students to complete a program of study on time and within maximum time frame.

_____ **Transfer hours are included in the maximum timeframe calculation.**

_____ **Most associate degrees/certificates are 60 credit hours (max-time=90hrs);** students who have a 4 year degree have exceeded max-time (for a 2 year school) before they start their programs at LSC.

_____ An extenuating circumstance must exist for the request to be considered.

_____ **ATTACH A TYPED SUMMARY OF YOUR EXTENUATING CIRCUMSTANCE ALONG WITH SUPPORTING DOCUMENTATION.**

Are you currently employed? Yes No If No, last date of employment _____

Job Title: _____ Date started: _____

College Attended: _____

Degree Type _____ Date Earned: _____

STUDENT CERTIFICATION	
I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine up to \$20,000, sent to prison, or both.	
Student Signature:	Date:

Academic Plan

Students who have failed to achieve minimum SAP standards are required to submit an Academic Plan. The SAP Academic Plan must include only coursework that will be taken to achieve the degree or certificate.

➤ **Initial next to each statement below to acknowledge you are aware.**

- _____ The student is required to follow the Academic Plan in order to receive federal, state, and institutional financial assistance.
- _____ The student must only enroll in courses listed on his/her Academic Plan, meet minimum completion rates, and make progress each semester.
- _____ The student's progress will be reviewed each semester. Failure to meet the terms of the Academic Plan will jeopardize eligibility for federal, state, and institutional financial assistance.

Submit by: Nov 15 (Fall Semester), Apr 1 (Spring Semester), and July 15 (Summer Semester).

Failure to submit the plan to the **FINANCIAL AID OFFICE** will result in loss of eligibility.

Section A. STUDENT INFORMATION

Name:	Student ID:	Phone:
I am not meeting the following SAP requirement(s):		Program of Study:
GPA	Completion Rate	Maximum Time

Section B. PLAN FOR SUCCESS

I plan to use the following resources to aid my success:

- | | |
|-----------------------------|-----------------|
| Academic Advisor | Tutoring |
| Career Center | Learning Center |
| Counseling | Peer Mentor |
| Student Disability Services | Other _____ |

Section C.

ACADEMIC PLAN

(This section must be completed by an Academic Advisor)

Instructions for Academic Advisor: Complete section **C and D**. The student cannot receive federal financial assistance next semester without this document. **Complete the Degree/Program Planning Worksheet, Section D.**

Program of Study:	
#of Hours Remaining to Complete Program at Lone Star College:	Campus Offering the Program: CF KW NH MC TC UP

Section D.

Degree/Program Planning Worksheet for Lone Star College
DO NOT INCLUDE HOURS NEEDED FOR TRANSFER PROGRAMS

Class	Hours
Total Hours:	

Student Acknowledgement

I understand that I must:

- Take only courses listed in attached plan worksheet.
- Meet all requirements of the SAP Academic Plan in order to continue receiving financial aid.
- Meet the following minimum standards while on the academic plan:
 - _____ Maintain a 2.0 Semester GPA.
 - _____ Complete 75% of the hours attempted each term.
 - _____ Maintain a cumulative 2.0 GPA once 70% of my program is complete.
- Meet the Maximum Timeframe: Complete all attempted courses with an A, B, C, D, or P (pass).

I understand that I have only one opportunity to request an academic plan modification based on new extenuating circumstances.

Advisor Signature _____ Date _____

PRINT Advisor Name _____

Student Signature _____ Date _____