

□ Documentation Provided□ Other \_\_\_\_\_

Return to: Educational Opportunity Program CSU, San Bernardino 5500 University Parkway UH 395

Phone: (909) 537-5042 Fax: (909) 537-7084

						Filone. (303) 337-	JU42 Fax. (	303) 337-7064	
			=		gress (SAP) App				
Name _						Coyote ID			
Email _					Pho	one			
1.	Select which term you ar	e appealing	to receive fina	ncial aid for:	Summer 2023	☐ Fall 2023	□Sp	oring 2024	
2.	Select the reason(s) for y  Minimum Cumulativ  Minimum Required to  Maximum Time Fran	e Grade Poi Unit Comple	nt Average or To etion/Earned No	wo Years of Stu ot Met					
3.	Attach a typed-written st	atement of	explanation an	d please includ	e your name and	Coyote ID (see ins	structions).		
4.	Attach, if applicable, supp	porting doc	umentation (see	e instructions).					
5.	Attach, if applicable, you	r signed SAF	Appeal Acader	mic Plan <i>(see in</i>	structions).				
			Student Stat	tements of Und	lerstanding				
My sign	ature below acknowledges	s the follow	ing:						
<td>Scholarships to verify and I understand that the subserver responsible for any accolunderstand that this aptheterm in which I wish reviewed.  I understand that the Off I understand the SAP Appregistration fees by the pheing dropped from my</td> <td>bmission of bunt balance peal (and ap to be conside fice of the F peal review payment de</td> <td>this appeal doe e should I decid peal documents) dered for aid to inancial Aid and process may ta</td> <td>e to continue e should be subr be reinstated. d Scholarships v ake a minimum</td> <td>enrollment. nitted as soon as p If the appeal is su vill be reviewing a of 2-3 weeks (or l</td> <td>possible but before ubmitted after cer and emailing me the onger) and I am r</td> <td>e the census nsus date, i he final app esponsible</td> <td>date within it will not be eal decision. for paying my</td>	Scholarships to verify and I understand that the subserver responsible for any accolunderstand that this aptheterm in which I wish reviewed.  I understand that the Off I understand the SAP Appregistration fees by the pheing dropped from my	bmission of bunt balance peal (and ap to be conside fice of the F peal review payment de	this appeal doe e should I decid peal documents) dered for aid to inancial Aid and process may ta	e to continue e should be subr be reinstated. d Scholarships v ake a minimum	enrollment. nitted as soon as p If the appeal is su vill be reviewing a of 2-3 weeks (or l	possible but before ubmitted after cer and emailing me the onger) and I am r	e the census nsus date, i he final app esponsible	date within it will not be eal decision. for paying my	
Student's Signature:					Date:				
			OFFIC	CE USE ONLY					
APPEAL :	# Summer	☐ Spring	7		<b>IMENDATION/AC</b> Approve		rd to Comn	nittee	
■ Aī	Summer Seran	☐ Spriit	5						
Units EarnedAttempted Cumulative GPA					<del>_</del>				
Subject to Dismissal Y N						SAP Appeal Acad		-	
	ed 180 Unit Cap? Medical	<b>□</b> Y	□N	_ 	Graduate by the	hN		term	
	llness/Injury								
	Serious Personal or Family	Problems							
	inancial/Legal Military Duty								
_ '	·····cary Dacy								

EOP Representative Signature

Date