



# Veterans Benefits Certification Appeal

MiraCosta College 1 Barnard Drive Oceanside, CA 92056 PH (760) 795-6750

Term: Fall      Spring      Summer \_\_\_

_____	_____	_____
Last Name	First Name	Student ID
_____	_____	_____
Mailing Address	City, State	Zip Code
_____	_____	_____
Email	Phone	

My appeal is based on:

- My MiraCosta College grade point average has improved significantly during the immediately preceding semester. (*Attach your transcript*)
  
- I have documented extenuating circumstances beyond my control.  
Briefly state the extenuating circumstance that impacted your ability to maintain veterans benefits eligibility. Your explanation must justify why an exception is warranted including demonstration that the problem(s) that caused you to be unsuccessful has been resolved as well as provide evidence that you have made significant changes that will enable you to be academically successful. Attach any supporting documentation (*ex. medical reports or court documents*).
  
- My GPA. and/or academic progress now meets the districts standards.  
Provide your transcripts from MiraCosta College and other accredited institutions (*for coursework completed after disqualification*).

**Please attach your typed page(s) or print clearly on this document**  
*(attach an additional sheet if needed).*

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For office use only:</b> <b>Received by:</b>
Approver A Decision: Approved (one sem.) <input type="checkbox"/> Approved (ongoing) <input type="checkbox"/> Denied <input type="checkbox"/> Initials
Approver B Decision: Approved (one sem.) <input type="checkbox"/> Approved (ongoing) <input type="checkbox"/> Denied <input type="checkbox"/> Initials
Approver C Decision: Approved (one sem.) <input type="checkbox"/> Approved (ongoing) <input type="checkbox"/> Denied <input type="checkbox"/> Initials
Final Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Length of Decision: One Semester <input type="checkbox"/> Ongoing <input type="checkbox"/>