

STUDENT STATEMENT OF UNDERSTANDING

STUDENT INFORMATION

Student's Name			SSN/ID#
Address			Phone Number
City	State	Zip Code	Email Address

READ EACH STATEMENT AND INITIAL

_____ I understand that I am expected to maintain satisfactory academic progress (SAP). To maintain SAP, I must complete 67% of all units attempted with a cumulative Grade Point Average of 2.0 or above. If I do not maintain SAP, probation will occur for the first semester. If I do not maintain SAP for the subsequent semester, dismissal will occur. I must also complete educational goals prior to 150% of the published length of my selected program or dismissal will occur.

_____ I understand that I may appeal financial aid dismissal if there are mitigating circumstances that led to the substandard semester. I also understand that I am only allowed to appeal dismissal twice during my attendance at Barstow Community College and that the decision of the Financial Aid Appeal's Committee is final.

_____ I understand that if I withdraw from classes within the first 60% of the term or receive all F's (IF's or FW's) or a combination of F's and withdrawals/drops I may be in repayment status for Title IV funds.

_____ I understand that if I receive financial aid from more than one school during the same term I will be in overpayment status and may have to repay all or a portion of my grants.

_____ I understand that if I intend to transfer to another school during the aid year and plan to receive financial aid at the other institution, I must notify the Barstow Community College Financial Aid Office of my intent.

_____ I understand that if for any reason I should become ineligible for financial aid any fees that were paid by financial aid become a debt to the college that I must pay.

_____ I understand that current charges for tuition and fees and minor prior year charges (less than \$100) will be deducted automatically from my financial aid check.

Yes No I authorize BCC to deduct from my financial aid other outstanding charges I have incurred.

STUDENT CERTIFICATION

Student's Signature	Date
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