



Undergraduate Education

# Academic Advancement Program

## APPEAL FOR THE ACADEMIC ADVANCEMENT PROGRAM (AAP)

AAP eligibility is determined in the following ways:

- 1) Deemed AAP eligible by review of academic profile and personal background information obtained on UC application.
  - a) The review of the academic profile analyzes the student's overall academic record (including grade-point-average, test scores, and number of advanced placement and honors courses) within the context of the available high school or post-secondary curriculum, and more fully in the context in their life experiences.
  - b) The review of the personal background analyzes the student's family income and resources, level of parental education, and social or environmental barriers that may impact academic experience and performance.
- 2) Students who are part of any federally-funded program that requires counseling, tutoring, and/or mentoring services (EOP&S, Upward Bound, PLUS, AVID, etc) or Participation in Freshman/Transfer Summer Program, CCCP Summer Programs, VIPS and other AAP-related cohort programs, such as PEERS, South Central Scholars, CEEDS, Bruin Guardian Scholars, and Jackie Robinson Scholars.
- 3) Veteran of US Armed Forces
- 4) Entering or continuing students may apply to AAP by documenting the specific educational, economic, or social barriers that have affected their academic experience and performance in high school or post-secondary education and that may affect their academic success at UCLA. Applications will be reviewed by the Director of AAP-New Student Programs, AAP Directors, and/or a sub-committee of the AAP Faculty Advisory Committee.
- 5) If deemed AAP eligible, students must complete an AAP Orientation to become active AAP members.

**\*\* International Students are not eligible for AAP services.**

### Appeal Instructions:

1. Determine your eligibility by visiting our office (Campbell Hall 1230) or request a determination via email at [AAPNewStudents@college.ucla.edu](mailto:AAPNewStudents@college.ucla.edu). If making a request via email, please provide name and UID.
2. Complete attached appeal and email it [AAPNewStudents@college.ucla.edu](mailto:AAPNewStudents@college.ucla.edu).
3. **If you believe you are eligible for AAP based on criterion 4**, please attach a statement documenting the specific educational, economic, or social barriers that have affected your academic experience and performance prior to UCLA and/or those that may affect your academic success at UCLA. Please be thorough with your explanation.
4. (Optional) Please include one recommendation from a past or current UCLA faculty or staff member familiar with your academic needs for academic support.

**Please fill out the back of this form.**



Undergraduate Education  
**Academic Advancement  
 Program**

<b>UCLA Student ID Number:</b>			
Last	First	Middle	Home Telephone ( )
Address:		Cell or Message Telephone ( )	
City	State	Zip Code	Birth date:
Email Address:		Major:	
Foster Care Student: <input type="checkbox"/> yes <input type="checkbox"/> no		First Generation College Student: <input type="checkbox"/> yes <input type="checkbox"/> no	
Year/Quarter admitted to UCLA:		Entering Status:	
Year ____	Fall ____	Winter ____	Spring ____
High School:		College:	
U.S. Citizen/Permanent Resident? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you an international student? <input type="checkbox"/> yes <input type="checkbox"/> no	
Low income student? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you currently or were you in a federally funded program EOP&S, Upward Bound, PLUS, AVID, etc? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which one?			
Are you currently in CEEDS, PEERS, Jackie Robinson Scholars, South Central Scholars, VIPS, CCCP, Bruin Guardian Scholars, Guardian Scholars, Posse? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which one?			
Military Service: Are you a U.S Veteran? <input type="checkbox"/> yes <input type="checkbox"/> no			
Dates of Service:		Branch:	Rank:
Have you applied to AAP in the past? <input type="checkbox"/> yes <input type="checkbox"/> no			
When?:			
Academic Support Need: <input type="checkbox"/> Counseling <input type="checkbox"/> Tutoring <input type="checkbox"/> Mentoring <input type="checkbox"/> Graduate School Assistance			
How did you hear about AAP? <input type="checkbox"/> Other AAP Student <input type="checkbox"/> Faculty <input type="checkbox"/> Counselor <input type="checkbox"/> Scholars Day <input type="checkbox"/> Website <input type="checkbox"/> Other _____			

LAST NAME:
FIRST NAME:

**CERTIFICATION OF APPLICANT:** I certify that the statements on/in this application packet are true and complete to the best of my knowledge and belief and that any false statements or incomplete information will subject me to disqualification for AAP services. By entering Campbell Hall or any AAP event I understand that I may be photographed, videotaped or filmed. I authorize AAP to take pictures and/or recordings of me and grant the University the right to take use of my likeness, image, and photo without compensation in any medium. I understand that submission of this application does not guarantee AAP services.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Note: You will be notified by email regarding your application status eligibility within 10 business days.  
 Please return your application to 1230 Campbell Hall.**

**For official use only:**

Date Rec'd. _____	Date Reviewed _____	Date Reviewed _____
Staff Initials _____	Staff Initials _____	Staff Initials _____
Cumulative G.P.A. _____	Approved/Declined _____	Approved/Declined _____
Orientation Date _____		