Financial Aid Reinstatement Appeal

Quarter in which you experienced difficulty:

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
<th>Year</th>
</tr>
</thead>
</table>

I am appealing/petitioning for reinstatement beginning:

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
<th>Year</th>
</tr>
</thead>
</table>

My appeal is based on (check one):

☐ I earned reinstatement by paying for one quarter at SCCC on my own. I registered for 6 or more credits, completed the appropriate number of credits based on my enrollment level (see Satisfactory Academic Progress policies), and my cumulative GPA at SCCC is 2.00 or greater.

- Attach a copy of your grades for the quarter you paid for on your own.
- Sign and date this form where indicated.

☐ I experienced unusual or extraordinary circumstances beyond my control.

(This type of petition is generally not approved if more than two consecutive quarters of unsatisfactory progress have occurred.)

- Indicate the type of unusual or extraordinary circumstances beyond your control (check one):
  - Death in my family
    (Attach a copy of a death certificate or funeral notice)
  - Illness
    (Attach documentation from a medical care provider)
  - Other unusual or extraordinary circumstances beyond my control
    (Documentation must be attached. Examples of documentation include, but are not limited to, the following: court documents, letter from a mental health care provider, police reports, letter from a public assistance agency, letter from the college’s disabilities counselor, letter from a member of the clergy. Appeals without documentation are generally denied.)

- Attach a signed statement in your own words describing in detail the unusual or extraordinary circumstances beyond your control. You can use the back of this form if you wish. The statement should include:
  - What happened
  - when it happened
  - why it happened
  - why it is no longer a problem

- Sign and date the form where indicated.

*************************************************************************

Student signature ___________________________  Date ________________

Financial Aid Office use only

☐ Approved - no probation  ☐ Approved – probation*  ☐ Denied

Financial Aid signature ___________________________  Date ________________

*Probation will be required if: 1) the student was dropped from financial aid eligibility after the first quarter of attendance and didn’t earn reinstatement on his/her own, 2) the student has had consecutive quarters of unsatisfactory academic progress.