

Financial Aid Office
PETITION FOR REINSTATEMENT



NAME: _____ STUDENT ID: _____

SEMESTER YOU ARE PETITIONING (ONLY ONE): _____

Reason for this Petition: _____

Student School Email Address: _____

Please follow the instructions on the appeal form to document your special circumstances. The SAP Appeals Committee evaluates all SAP appeals considering such factors as your personal statement, your academic history, your documented extenuating circumstances and your ability to achieve academic progress in the future.

Extenuating circumstances do not include the following:

- Applying for an additional degree or certificate.
- Changed your mind about your current degree plan.
- Did not like the instructor; had conflicts with the instructor; did not like the course.
 - Death of anyone other than immediate family member.
- Illness of anyone other than you or your immediate family member.
 - You were young and unaware of the importance of an education

Please allow 2-6 weeks for the Director/Committee to evaluate and respond to your appeal. Please check your student email for decision.

Clearly state your reasons and attach any supporting documentation that may justify the granting of this petition:

Student Signature

Date

Action taken by the Financial Aid Director/Committee: Petition granted Petition Denied

Comments: _____

BY: _____
Director of Financial Aid

Date