



PLEASE USE INK AND WRITE LEGIBLY

Student's name _____ Phone (____) _____
Last First M.I. MAIDEN

Street address _____

City _____ State _____ ZIP _____

Student ID number ____ - ____ - ____ Social Security number ____ - ____ - ____

Quarter/year last attended ____ / ____ Quarter/year returning to school ____ / ____

Program you intend to complete _____

READ FIRST

If **exceptional and/or extenuating circumstances** prevented you from making satisfactory progress, we can review the suspension of your financial aid if you submit this completed petition. **You may be required to complete a program completion plan with your program's Academic Counselor.**

NOTE: Even if your petition is approved, you may still not be eligible to receive aid if you owe a repayment to a Federal or State aid program. You must repay your debt in full prior to complete approval of reinstatement.

If your petition is **denied**: A student who pays for classes at their own expense pursuant to SAP policy may have their aid reinstated. This may take more than one quarter or may be mathematically impossible.

Remember, this document is the only information the appeals board has to make a determination. Be clear and thorough and attach appropriate documentation. If you had a medical condition you must attach your release paperwork. If you had a death in the family, you must attach a death certificate. If you had any other condition or event, please attach appropriate documentation such as a counselor statement or treatment paperwork supporting your return to school. Committee decisions are final and cannot be appealed.

You must complete the other side of this form.

*** You will be notified of the results in writing (email or mail) of the petition outcome within 2 weeks.**

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Explain why you were unable to achieve satisfactory progress as required for Financial Aid eligibility. **Attach a copy (copies) of documentation when possible. Failure to attach documentation may result in denial.**

How has your situation changed and what plans do you have in place that will contribute to your making satisfactory progress the next quarter that you return to school?

Student's signature _____ Date _____

FINANCIAL AID USE ** DO NOT WRITE BELOW THIS LINE **

Approved _____ Date _____

see attached contract Prog/Intent _____

_____ credits by _____ _____ GPA by _____

Denied _____ Date _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Repay/Default | <input type="checkbox"/> 2 Degrees/3 Attempted | <input type="checkbox"/> 6 th Qtr GPA |
| <input type="checkbox"/> Mathematically not possible | <input type="checkbox"/> 2 Appeals | <input type="checkbox"/> Pace of Progression |
| <input type="checkbox"/> Qtrs Attempted/Qtrs Completed | <input type="checkbox"/> Did not provide documentation | <input type="checkbox"/> Repeat/not meet extraordinary circumstance |
| <input type="checkbox"/> Other _____ | | |