

Appeal Form

All students are subject to the Satisfactory Academic Progress Policy. When students fail to meet ELIGIBILITY status requirements they are placed in SUSPENSION, WARNING, or REPAYMENT status. Only SUSPENSION status can be appealed if the student believes he/she has unusual circumstances not encountered by a typical student.

Some appeal circumstances include:

- Death of an immediate family member
- Grievous illness

Examples of circumstances that are NOT appealable:

- Poor time management
- Preexisting medical conditions
- Failure to balance school with other normal life situations such as family and work

To appeal your SUSPENSION status you must provide the following information—failure to provide **ALL** of the items listed below will result in an automatic denial of your appeal.

1. A signed and dated written statement, chronologically ordering the events that led to your SUSPENSION status. Your statement must address the circumstances around each class you did not pass and those quarters where you received less than a 2.00 GPA. Your statement must also include how you plan to resolve the situations that caused you to be placed on SUSPENSION.
2. A copy of your unofficial South Seattle College Transcript.
3. A copy of your Degree Audit.
4. A copy of your Educational Plan, which **MUST** be created with a South Academic Advisor.
5. A copy of any and all documentation to support your written statement. Examples include a letter from your healthcare provider, court documents, police reports, etc.

If your appeal is approved, you will receive a PROBATION LETTER detailing the new terms and conditions under which you will be allowed to receive financial aid. You are required to sign, date, and return the PROBATION LETTER before you will be given PROBATION status and allowed to receive financial aid.

If your appeal is denied, you will receive a DENIAL LETTER detailing how you can regain ELIGIBILITY status on your own.

CERTIFICATION: Signing this worksheet and/or submitting supporting documentation certifies that all information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Name Social Security Number

Signature Date

Office Use Only	Approved: Full	¾ time	½ time	<1/2 time	GPA Requirement _____	Term: F W S SU
Denied: Credits _____ GPA _____ Reason: _____						