

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.

Examples of circumstances that are NOT appealable: Poor time management, failure to balance school with other normal life situations such as family and work

Please indicate the unusual circumstance you encountered:

- Death of an immediate family member
(Attach a copy of death certificate or funeral notice, along with items 1-4 listed below)
- Grievous illness
(Attach documentation from a medical provider, along with items 1-4 listed below)
- Other unusual circumstance
(Documentation must be attached, along with items 1-4 listed below. Examples include, but are not limited to the following: court document, police reports, letter from a public assistance agency, letter from a member of the clergy.)

Attach items 1-4 below, along with the documents required for your circumstance.

1. A signed and dated written statement, chronologically ordering the events that led to your SUSPENSION status. Your statement must include:
 - a. the circumstances around each class you did not pass and those quarters where you received less than a 2.00 GPA.
 - b. 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.

Failure to provide ALL of the items listed will result in an automatic denial of your appeal.

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.

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 /Student ID

Signature Date

FOR OFFICE USE ONLY

Approved: Full 3/4 Time 1/2 Time <1/2 Time

Denied: Credits _____ GPA _____ Reason: _____