

# FINANCIAL AID PETITION GUIDELINES FOR REINSTATEMENT

Completed Petition forms must be submitted to the Financial Aid Office no later than Monday at 5:00 PM on the first day of classes for the term in which you wish to receive aid. Petitions submitted after this time will be considered for the following term. No petitions will be accepted for Summer term. The Student Issues Committee will consider your petition and notify you in writing of the results. You have the option, but are not required, to appear in person before the Committee if you feel your situation warrants further explanation.

Filing a petition does not ensure reinstatement or an extension of aid. Until you receive a letter from the Student Issues Committee granting reinstatement or extension, no aid will be available to you. Therefore, **while the appeal is in process, it is your responsibility to pay your expenses**. If your petition is not approved, you need to be prepared to pay your own expenses for the term or withdraw from school. Withdrawal by the end of the first week of the term will mean a 100% refund of tuition. If you do not attend and do not formally withdraw by the end of the first week, you will be billed for tuition and fees.

Letters of action by the Student Issues Committee will be available by Friday of the first week of the term (the last day to withdraw and receive 100% tuition refund). It is your responsibility to check with the Financial Aid Office about the outcome of your petition on that day or the letter will be mailed to your current address.

## Acceptable reasons for reinstatement after disqualification.

1. Serious injury or illness of student – must extend over a 3-week period and be documented by a physician
2. Death of Immediate family member – immediate family members include parents, children, siblings, spouses and grandparents.
3. Documented learning disability
4. Inappropriate academic advising
4. Other situations as determined by the Committee **beyond control of the student**.

Petitioner **must** attach the following items for the petition to be considered complete. Please use this checklist to make sure that you have submitted each item.

- \_\_\_\_\_ Supporting letters or documents indicated next to the mitigating circumstance you check on petition (i.e., Physician's Statement, death certificate, learning disability documentation, etc.)
- \_\_\_\_\_ Current Registration (can be obtained through the Records Office)
- \_\_\_\_\_ Copy of Asset test results (obtain from Advisor) If Asset test waived have Admissions initial \_\_\_\_\_

I wish to personally appear before the Committee (optional):  Yes  No

**I understand that I am responsible for submitting a complete petition on time and, if I do not do this, my petition will not be considered by the committee. I also understand that, if considered by the committee, this is my one chance to petition for reinstatement regardless of outcome.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## FINANCIAL AID PETITION FOR REINSTATEMENT OF AID

Name of Petitioner – please print \_\_\_\_\_

Social Security Number \_\_\_\_\_

Advisor's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Term you were disqualified:**     Fall 20 \_\_\_\_\_     Winter 20 \_\_\_\_\_     Spring 20 \_\_\_\_\_

**Term you wish to be reinstated:**     Fall 20 \_\_\_\_\_     Winter 20 \_\_\_\_\_     Spring 20 \_\_\_\_\_

**Mitigating Circumstances** are the prime factor considered in deciding the outcome of a petition. The reason for the request must be well documented and meet one of the following criteria (Please check one):

- Serious injury/illness of student** - Illness/injury must have extended over a three-week period or more and be documented by an **attached *Physician's Statement*** verifying your inability to attend school.

Nature of injury/illness: \_\_\_\_\_

Time period during which injury/illness prevented you from attending classes: \_\_\_\_\_

- Death or serious injury/illness of immediate family member** – immediate family members include the following (check one). You must **attach a death certificate or *Physician's Statement***.

Mother     Father     Child     Grandparent     Spouse     Sibling

Date and place of death: \_\_\_\_\_

Date(s) of serious injury or illness: \_\_\_\_\_

Nature of injury or illness: \_\_\_\_\_

- Learning disability** – You must **attach a letter or other documentation** from the professional or agency that determined your disability

What is your learning disability? \_\_\_\_\_

When were you diagnosed with this disability? \_\_\_\_\_

Who diagnosed your disability? \_\_\_\_\_

- Inappropriate Academic Advising** – You must attach a statement from your advisor or the Dean of Students

Who was your advisor? \_\_\_\_\_

Briefly explain how and why you feel you were misadvised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other** documented reasons **beyond your control** – The following **are not** considered circumstances beyond your control:
- non-life-threatening illnesses of you or your immediate family members
  - child care problems
  - transportation problems
  - personal problems not requiring professional intervention
  - poor time management
  - not knowing or understanding the academic progress policy or other college requirements
  - not following advisor’s recommendations
  - not following asset test placement recommendations
  - beginning or changing jobs during a term
  - choosing to self-advise

Briefly describe the circumstance that you feel caused you to be disqualified? \_\_\_\_\_

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During what period of time did this situation occur? \_\_\_\_\_

Why do you feel that you could not successfully complete the term based on this circumstance? \_\_\_\_\_

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Please explain how the situation that caused you to be disqualified will be remedied in the future so that you will be able to successfully complete your goals:

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**Signature of Petitioner**  
Rev. 03/03/04

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**Date**