

PETITION FOR FINANCIAL AID REINSTATEMENT

Check this box if you are also petitioning for Academic Reinstatement: <input type="checkbox"/>

Student Name	SSN	SID Number
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Current Degree or Certificate Program

I am petitioning reinstatement for:	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring
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UPCOMING QUARTER ENROLLMENT PLAN – To be completed with your advisor		
Class 1:	Class 3:	Class 5:
Class 2:	Class 4:	Class 6:

Check at least one box below (*Review the SVC Financial Aid Portal to determine which of the options below are applicable*):

I am petitioning because: (check ALL that apply)	<input type="checkbox"/> My Cumulative Pace of Progression is below 67%	<input type="checkbox"/> My Cumulative GPA is below 2.0	<input type="checkbox"/> I did not complete enough quarterly credits	<input type="checkbox"/> Other: _____
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In order to establish and maintain financial aid eligibility, you are expected to meet all Satisfactory Academic Progress (SAP) standards outlined in [SVC's SAP Policy](#). You may petition for reinstatement if unusual or extenuating circumstances beyond your control prevented you from meeting the SAP standards. Instructions for how to complete your petition are noted below:

All petitions must include the following:

- This form, completed by you, and **signed by an advisor**.
- A **typed statement** that includes:
 - A **detailed description** of your unusual or extenuating circumstance (*Note: Dropping your courses to protect your GPA is not an extenuating circumstance that can be considered*).
 - A **detailed description** of what has changed that will allow you to meet SAP requirements in the following quarter(s). You should specifically explain your **plan to ensure success** for the upcoming quarter(s).
- Any other relevant documentation to support your unusual or extenuating circumstance. **If your petition is based on medical circumstances, documentation is required from your healthcare professional to substantiate your circumstance AND addresses your ability to return and carry your course load successfully.**

If it will take you **more than one quarter** to meet all SAP standards (67% cumulative pace of progression and 2.0 cumulative GPA) **additional requirements are included on the back of this form.**

OFFICE USE ONLY:

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Additional Requirement for Petitioning Pace:

If your cumulative pace of progression is below 67% and **it will take you more than one quarter** to raise your pace percentage, **include a copy of your [Pace Calculator](#)** available on the SVC Financial Aid website, to determine the number of credits you will need to get back on pace.

I have attached a copy of my Pace Calculator.

Additional Requirement for Petitioning GPA:

If your cumulative GPA is below 2.0 and **it will take you more than one quarter** to raise your cumulative GPA, you must determine the quarter in which you will have raised your cumulative GPA to the 2.0 minimum standard. You are encouraged to use the [GPA Calculator](#) and work with your advisor to develop a realistic timeframe for raising your cumulative GPA. You should attach a copy of the GPA Calculator, or, provide the quarter in which you will have raised your cumulative GPA above 2.0, below. NOTE: While on a plan for GPA, students must attain a minimum quarterly GPA of 2.0 as you work toward your goal.

I have attached a copy of my GPA Calculator. _____

OR

My cumulative GPA is below 2.0, and I will raise my GPA above 2.0 at the conclusion of _____.
(quarter/year)

Your Pace and/or GPA plan will be monitored each quarter to ensure you are in compliance with your plan to meet satisfactory academic progress standards. Failure to meet these requirements will result in financial aid suspension. If you need to make changes to your SAP plan, **prior approval is required** by the Financial Aid Office.

Advisor/Counselor Notes:

Advisor/Counselor Name

Advisor/Counselor Signature (REQUIRED)

Date

I hereby certify that I have read and understand the Skagit Valley College [SAP Policy](#). I agree to comply with the plan outlined above, in the event that my petition is approved.

Student Signature

Date

SVC FINANCIAL AID OFFICE USE ONLY		
76	Approved based on: <input type="checkbox"/> Past Success <input type="checkbox"/> Time Off from School <input type="checkbox"/> Medical Doc <input type="checkbox"/> Reduced Load <input type="checkbox"/> Advisor Recommendation <input type="checkbox"/> Other:	INITIALS & DATE:
	<input type="checkbox"/> Pended <input type="checkbox"/> Denied based on:	