Financial Aid Office



2405 E. College Way – Lewis 121 Mount Vernon, WA 98273

Phone: MV-360.416.7666/WIC-360.679.5320

PETITION FOR FINANCIAL AID REINSTATEMENT

			this box if you are a	also petitioning for :
Student Name Student ctcLink Num			umber	
Current Degree or Certificate Program				
I am petitioning reinstatement for:	☐ Summer	☐ Fall	☐ Winter	☐ Spring
UPCOMING QUARTER ENROI	LMENT PLAN –	To be compl	leted with you	ur advisor
Class 1: Class 3:	3: Class 5:			
Class 2: Class 4:	4: Class 6:			
 for how to complete your petition are noted be Your petition must include the following to be acce This form, completed by you, and signed by an A typed statement that includes: A detailed description of what happened the extenuating circumstances that hap What was the problem? When did it or your courses to protect your GPA is not one A detailed description of what has char you confidence that you'll now be able or will you take to achieve and maintain 	pted by the Financia advisor. ed: Why were you ur opened and why this ccur, and how long d t an extenuating circ nged: Explain what h to meet SAP standa	nable to maintai s prevented you id it last? Be spe sumstance that c as changed sinc rds. What corre	from meeting SA ecific and honest. can be considered the issue occurrective measures h	P standards. Note: Dropping d. red that gives have you taken
plan is realistic.	i satisfactory acader	The progress: b	e specific and cor	macht that your
• Any other relevant documentation to support y	our unusual or exte	nuating circums	tance.	
 If your petition is based on medical circ professional to substantiate your circui load successfully. 	•	•	•	
P. Control of the Con	Additional Factors:			
Check the box below if you are petitioning, in part of campus-wide disruption/closure due to Coronavirus statement	· · · · · · · · · · · · · · · · · · ·	_		

☐ I am petitioning based on COVID-19.



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Note: If it is determined that it will take you <u>more than one quarter</u> to meet the SVC SAP standards, you will be placed on an **Academic Plan (PLAN)**. Students on a plan will be monitored each quarter and will be expected to meet the following **quarterly standards**:

- Quarterly GPA of 2.5 or higher
- Successful completion of 100% of your quarterly attempted credits (ex: if you enroll for 12 credits, you successfully complete all 12 credits)

Failure to meet these require	ments will result in re-suspension of financial aid.	
I hereby certify that I have read	and understand the Skagit Valley College <u>SAP Policy</u> .	
Student Signature		te
Advisor/Counselor Notes and	Checklist:	
REQUIRED: 🗖 Qtr Enrollm	nent Plan Typed Stmt Reviewed Plan for Success includ IF APPLICABLE: Medical Docs	ed in Stmt 🗖 TRIO rec
 Advisor/Counselor Name	Advisor/Counselor Signature (REQUIRED)	Date

	SVC FINANCIAL AID OFFICE USE ONLY	
ESK068	Approved based on: ☐ Past Success ☐ Time Off from School ☐ Medical Doc ☐ Reduced Load ☐ Advisor Recommendation ☐ Other:	INITIALS
	☐ Pended ☐ Denied based on:	& DATE: