

ATTN: FINANCIAL AID OFFICE 2405 E College Way, Lewis Hall L121 Mount Vernon, WA 98273

Phone: MV – 360.416.7666 / WIC – 360.679.5320 Fax: MV – 360.416.7886 / WIC – 360.679.5375

## 2024-2025 FINANCIAL AID REINSTATEMENT PETITION

| Student Name                        |   |                  | Student ctcLink Number |                   |                |
|-------------------------------------|---|------------------|------------------------|-------------------|----------------|
| Current Degree or Certif            | ficate Program  |                  |                        |                   |                |
| I am petitioning reinstatement for: |   | ☐ Summer         | ☐ Fall                 | ☐ Winter          | ☐ Spring       |
| UPCOMI                              | NG QUARTER ENROL  | LMENT PLAN -     | -To be com             | pleted with yo    | our advisor    |
| Class 1:                            | Class 3:  |                  | Class 5:               |                   |                |
| Class 2:                            | Class 4:  |                  | Class 6:               |                   |                |
| Academic Progress (SAF              | d maintain financial aid of standards outlined in scircumstances beyond y | SVC's SAP Policy | You may petit          | ion for reinstate | ment <u>if</u> |

Your petition must include the following to be accepted by the Financial Aid Office:

standards. Instructions for how to complete your petition are noted below:

- This form, completed by you, and signed by an advisor.
- A **typed statement** that includes:
  - A detailed description of what happened: Why were you unable to maintain satisfactory progress? Explain
    the extenuating circumstances that happened and why this prevented you from meeting SAP standards.
    What was the problem? When did it occur, and how long did it last? Be specific and honest. Note: Dropping
    your courses to protect your GPA is not an extenuating circumstance that can be considered.
  - A detailed description of what has changed: Explain what has changed since the issue occurred that gives
    you confidence that you'll now be able to meet SAP standards. What corrective measures have you taken
    or will you take to achieve and maintain satisfactory academic progress? Be specific and confident that
    your plan is realistic.
- 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.

## **Additional Factors:**

If you also need to petition for academic reinstatement, please complete the academic reinstatement form <u>here</u> and submit to enrollment services.

<u>Note</u>: If petitioning for both financial aid reinstatement and academic reinstatement, reinstatement policies differ. Please make sure to fully review reinstatement conditions for both reinstatement approvals.



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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 requirements 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                 |  | Date                  |
|-----------------------------------|--|-----------------------|
| Advisor/Counselor Notes and Check | klist:   |                       |
| REQUIRED: Qtr Enrollment Pla      | n ☐ Typed Stmt Reviewed ☐ Plan for Success in<br>IF APPLICABLE: ☐ Medical Docs | cluded in Stmt 🗖 TRIO |
|                                   |  |                       |
|                                   |  |                       |

|        | 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:  |  |