Seattle Vocational Institute

Appeal for Financial Aid Reinstatement

Quarter in which you experienced difficulty: Fall Winter Spring Summer Year	Name
	SSN
I am appealing/petitioning for reinstatement beginning: Fall Winter Spring Summer Year	SID
Tan white Spring Stimmer Fear	310
My appeal is based on (check one):	
	r at SVI on my own. I registered for 8 or more credits, my enrollment level (see Satisfactory Academic Progress ater.
• Attach a copy of your grades for the quarter	
• Sign and date this form where indicated.	
I experienced unusual or extraordinary circumst	ances beyond my control.
(This type of petition is generally not approved if two consec	
• Indicate the type of unusual or extraordinary	circumstances beyond your control (check one):
Death in my family	
(Attach a copy of a death certifica	ate or funeral notice)
Illness (Attack decompositation from a ma	dicalidan)
(Attach documentation from a me	* *
Other unusual or extraordinary circles	. Examples of documentation include, but are not limited to, the
	r from a mental health care provider, police reports, letter from a
	om the college's disabilities counselor, letter from a member of
	words describing in detail the unusual or extraordinary can use the back of this form if you wish. The statement should
, , , , , , , , , , , , , , , , , , ,	ed, why it happened, why it is no longer a problem
• Sign and date the form where indicated.	
	Pote
Student signature	Date
Financial Aid Office use only	
() Approved - no probation () Approved - probation* ()	Denied
Financial Aid signature	Date

^{*}Probation will be required if: 1) the student was dropped from financial aid eligibility after the first quarter of attendance and didn't earn reinstatement on his/her own, 2) the student has had consecutive quarters of unsatisfactory academic progress.