



Fax # 843-574-6696

Student Services

Policy Appeal for Extenuating Circumstances

Check your Campus Cruiser e-mail account for an email with the appeal decision in approximately 3 weeks.

FOR APPEAL CONSIDERATION: (1) Complete all areas of the form (2) Attach evidence of supporting documentation (3) Sign and date the form.

Name _____ Semester & Year of Appeal _____

Student ID _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

An **extenuating circumstance** that affected your student status or student records for a semester is: (Select those that apply)

- Medical: Serious Illness or Injury** **Family Emergency** **Traumatic Event** **Other:** _____
- Military orders** **Employment Change** **Never Attended**

Supporting documentation is required and must include date(s) of occurrence. Examples: Letter from healthcare provider, government agency or employer on official letterhead with authorized signature; hospital documents; accident/police reports; military orders; obituary notice/death certificate.

Documentation attached? Yes No Verified by staff _____ (Initial & Date)

- ▶ Did you receive financial aid in this semester? Yes No ▶ Did you charge books at the bookstore? Yes No
- ▶ Did you receive a financial aid refund check? Yes No ▶ Do you owe funds for this financial aid? Yes No

Explain your extenuating circumstances to support your appeal: _____

What are you requesting? _____

Student's Signature _____ Date: _____

AVP OFFICE USE ONLY

VA Status: Yes No VA Type: _____ Enrollment Status: N/A LDAs _____

FA Payments: Type: _____ Amount: _____ Type: _____ Amount: _____

Type: _____ Amount: _____ Book charges: _____

FA Refund Amount: _____ Reconciled Yes No Date: _____

Return of Title IV Funds: _____ Within 45 days? Yes No Referral Date: _____

Student payments: _____

Approved _____ Denied _____ Approved Pending Student Requirement _____

ACTION:

Registrar: _____

Date Completed

Financial Aid: _____

Finance: _____

Other: _____

AVP Signature: _____ Date: _____