TRIDENT TECHNICAL COLLEGE
STUDENT SERVICES

Policy Appeal for Extenuating Circumstances

STUDENT SERVICES FAX: 843-574-6696

Definition of an Extenuating Circumstance

An **extenuating circumstance is an uncontrollable event** such as a serious health condition, illness or injury; a traumatic event such as a natural disaster; divorce, sexual assault; criminal assault; a family emergency; employment changes such as military duty; mandated work schedule changes or involuntary lay-off/unemployment. **Not included in this definition** are issues such as transportation, roommate problems, incompatibility with faculty, difficult course load, dislike of a course, etc.

FOR APPEAL CONSIDERATION: (1) Compete all areas of the form (2) Attach evidence of supporting documentation (3) Sign and date the form. Check your my.tridenttech e-mail account for an email with the appeal decision in approximately three weeks.

Name _____ **Semester & Year of Appeal** _____

Student ID _____ **Address** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

What are you requesting? _____

FINANCIAL AID INFORMATION:

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

EXTENUATING CIRCUMSTANCE:

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
☐ Military orders ☐ Employment Change ☐ Never Attended ☐ Other:

Student's Signature _____ **Date:** _____

1. **Provide an explanation of your extenuating circumstances** to support your appeal in the the space provided below
2. **Attach documentation of your extenuation circumstances. Supporting documentation is required and must include date(s) of occurrence. Examples:** Letter from health care 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)

Explanation of extenuating circumstances to support your appeal (you may write on the back of this form)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____