



Southwestern Oregon Community College
Office of Financial Aid
1988 Newmark Avenue
Coos Bay, Oregon 97420
Phone: 541.888.7352 fax 541.888.7247
Email: fao@socc.edu | website: www.socc.edu

**SATISFACTORY ACADEMIC
PROGRESS
Request for Reinstatement**

Student Information

Name: _____ E-mail: _____
Student ID#: _____ Local Address: _____
Address: _____ City/State/Zip: _____

Southwestern's records indicate your financial aid eligibility has been denied for failure to maintain satisfactory academic progress requirements as stated in our policy found at www.socc.edu/financialaid. You may submit this form to request reinstatement of your financial aid eligibility. This form **must** be submitted and approved prior to the end of the term for which you are requesting aid, or you will not receive any aid for the term.

Completing this Form

To submit this request, you must do the following:

1. Complete this form and attach your statement and any applicable documentation for your extenuating circumstances, such as medical reports, accident reports, a copy of a death certificate and/or funeral notice. If illness was a factor in your extenuating circumstances, provide documentation from your doctor indicating the onset, duration, severity of your illness and whether you are healthy enough to return to school.
2. Meet with your Academic Advisor. Bring this completed request with you to your scheduled appointment, as your Academic Advisor must sign it.
3. Complete an Educational Development Plan (EDP) with your advisor. You can find an EDP online at www.socc.edu/academics/pgs/bm~doc/edp-2010-11.pdf

Note: Incomplete requests will not be reviewed and will be returned to you.

Explanation of Extenuating Circumstances (Required)

Please provide a written statement on a separate sheet of paper clearly addressing each question below. If you need assistance writing your statements, the Writing Center is available in Randolph Hall. Your statements should be typed, well thought out and verifiable.

1. **Please explain the extenuating circumstances which prohibited you from meeting the satisfactory academic progress requirements. *You may not complete another request with the same extenuating circumstances for which you have petitioned and been approved or denied.***
2. **Please provide your plans for success in the future and note your overall educational goal(s).**
3. **Please explain what you will do to increase your success if your request is approved.**

4. Please answer the questions below:

- My assigned advisor is _____
- How often do you visit the Tutoring Center? ___never___rarely___occasionally___often___regularly___
- Have you applied for graduation? (circle one) Yes No
- Have you read and understood the Satisfactory Academic Progress Policy for Financial Aid recipients? (circle one) Yes No

Faculty Advisor Section (Required)

Please note that financial aid funds will only pay for credits required to complete the student’s program of study at Southwestern. **I certify that I met with and advised this student on the following date:**

Date: _____ Program of Study: _____ Estimated Graduation Date: _____

Please place a check mark next to applicable box(es):

- This is the first time I have met with this student. I am this student’s regular advisor.
- We have discussed Southwestern’s academic resources.
- We have created a plan for success (note plan in comments).

Comments:

Advisor Name: _____ Advisor Signature: _____ Date: _____

What You Do Next

- **Continue to attend classes pending a decision** from the Financial Aid Committee.
- **You may charge your books**, however; you are 100% liable for the charges if your request is denied.
- **Should your request be denied**, you have the option of attending a half-time term (or more) at your own expense. If successful, you may then complete a new request at that time. There is no guarantee of approval.
- **If you are not planning on attending**, you must withdraw by the Friday of the second week of the term or be responsible for all charges on your account.

Student Certification

By signing this request, I agree that the information provided is true and correct to the best of my knowledge. I agree that I have reviewed, understand, and agree to the conditions, responsibilities and obligations to receive financial aid as stated in the Award Booklet on the Financial Aid website.

Student Name: _____ Signature: _____ Date: _____