



Satisfactory Academic Progress Request for Reinstatement

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

Student Information

Name: _____ Phone: _____ Student ID#: _____
Address: _____ City/State/Zip: _____

The Satisfactory Academic Progress requirements policy is found online at <https://www.socc.edu/getting-started/admissions/financial-aid/policies/>. All credits attempted, as well as all transfer credits are counted towards this maximum time-frame. You may appeal this status using this form, but it **must** be submitted and approved prior to the end of the term for which you are requesting aid, or you will not receive aid for the term.

Requirements

1. This form completed and signed by you and your advisor.
2. A written statement on a separate sheet of paper clearly addressing each requirement below. If you need assistance writing your statement, the Writing Center is available in Tioga Hall, 3rd Floor. Your statement should be typed, well thought out and verifiable.

Statement Requirements

- a. Please explain the choices you've made which lead you to make this request. *You may not complete another request with the same circumstances for which you have petitioned and been approved or denied.*
 - b. Please provide your plan(s) for success in the future. If transferring, please include information on your transfer school and their course requirements.
 - c. Note your overall educational goal(s). State your declared degree and what you intend to do with that degree.
3. Complete an Educational Development Plan (EDP) with your advisor. You can find an EDP online at <https://www.socc.edu/getting-started/admissions/financial-aid/forms-publications/>.
 4. If possible- attach any applicable documentation for your extenuating circumstances that prevented you from completing your program within the maximum timeframe. Documentation such as medical reports, accident reports, copy of a death certificate and/or funeral notice is acceptable. If illness was a factor, provide documentation from your doctor indicating the onset, duration, severity of your illness and whether you are healthy enough to return to school.

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

Answer The Following Questions:

- 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

Continue to Back Side >

Faculty Advisor Section

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):

- | | | | |
|--------------------------|---|--------------------------|--------------------------------------|
| <input type="checkbox"/> | This is the first time I have met with this student. | <input type="checkbox"/> | I am this student's regular advisor. |
| <input type="checkbox"/> | We have discussed Southwestern's academic resources. | | |
| <input type="checkbox"/> | 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. . Please allow at least 10-14 business days for processing.
- **You may charge your books;** however, you are 100% liable for the charges if your request is denied.
- **Should your request be denied,** you will need to meet with a financial aid representative to determine how many credits you will need to complete on your own funds to bring you back to satisfactory status. If you submit this request by the end of the first week of the term, and it is later denied, you will be allowed to withdraw from classes and receive a full refund of tuition and fees.
- **If you are not planning on attending,** you must withdraw by the Wednesday 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: _____

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