



Walla Walla Community College
...Your Best Choice

Financial Aid Reinstatement Appeal

Please submit completed form and all required documentation to the Financial Aid office.

Full Name:	Student ID#:
Telephone #: Email Address:	Preferred Contact Method: <input type="checkbox"/> Telephone <input type="checkbox"/> Email
I am appealing for: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:	
Year and Quarter of Suspension:	Program:
Reason for Appeal: <input type="checkbox"/> Illness <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other unusual or extraordinary circumstances	

****PLEASE NOTE:** Students appealing for reinstatement are not guaranteed approval, and **must have a completed financial aid file prior to submitting an appeal.** Students owing a repayment to the school, State, or Federal government are not eligible to appeal until the debt is resolved. All students must demonstrate that the circumstances leading to their suspension were unusual or extraordinary in nature and were beyond the student's control. Students are responsible for all tuition and fees not covered by financial aid. Students will be notified of the appeal decision by email unless otherwise indicated in the section above.

A COMPLETE APPEAL WILL INCLUDE:

- Financial Aid Reinstatement Appeal (this form), signed and dated**
- Letter of Explanation , Typed – Hand-written appeals *will not be accepted***
 This letter will describe, in detail, the circumstances that led to your suspension. The letter must address the following:
 - What happened
 - When it happened
 - Why it happened
 - What you will do to ensure it won't happen again
- Supporting Documentation**
 Documentation may include, but is not limited to:
 - Court documents
 - Letter from a health care provider
 - Letter from a public assistance agency
 - Letter from the college's coordinator of Disability Support Services
 - Letter from a member of the clergy
- Review, initial, and sign the Terms for Submitting a Financial Aid Reinstatement Appeal (back page)**

*****APPEALS WITHOUT DOCUMENTATION WILL NOT BE REVIEWED***
 STUDENTS CANNOT APPEAL TWICE FOR THE SAME REASON**

By submitting this form, I certify that the information contained herein is accurate and truthful. If asked, I will provide additional documentation to verify the accuracy of my appeal. Furthermore, I certify that I have read and understand Walla Walla Community College's Satisfactory Academic Progress policy for financial aid recipients.

Signature:	Date:
------------	-------

****COMPLETED APPEALS ARE DUE BY THE END OF THE 1ST FRIDAY OF THE QUARTER FOR WHICH YOU ARE APPEALING****



Terms for Submitting a Financial Aid Reinstatement Appeal

Please carefully read and initial the following terms before submitting your appeal:

- _____ I understand that the submission of an appeal is **not** a guarantee of reinstatement.
- _____ I understand that I am ultimately responsible for any tuition and fees not covered by Financial Aid, including any registration fees. If my appeal is denied, I understand that it will be my responsibility to pay my tuition or I will be dropped from all classes.
- _____ The Committee will review my appeal as quickly as possible, but I understand that it is my responsibility to purchase my books and supplies and attend all of my classes.
- _____ I understand that if my appeal is approved, my financial aid will be reinstated based on the availability of funds, and that no funds will be disbursed to me until I submit a signed copy of my *Acknowledgment of the Terms and Conditions of Financial Aid Probation*.
- _____ I understand that the committee has the right to request additional documentation, if necessary, in order to make a determination. If my appeal is approved, the committee has the right to impose mandatory conditions on my reinstatement including, but not limited to, regular meetings with my advisor and/or a less than full time course load. Failure to adhere to these conditions will make me ineligible to appeal in the future.
- _____ I understand that the committee decision is final and cannot be overturned.
- _____ If my Pace of Progression is below 67%, I understand that I will be required to create an Education Plan with my advisor as part of my *Acknowledgment of the Terms and Conditions of Financial Aid Probation*. I must submit a copy of this plan to the Financial Aid Office before my funds will be disbursed.
- _____ I understand that I may only have two (2) appeals approved during my time at Walla Walla Community College.

I, the undersigned, certify that I have read and agree to the terms listed above.

Printed Name:	
Signature:	Date: