Section I: Student Information

Student’s Full Name ___________________________________________________   ID # _________________________________
Phone Number (cell if available) __________________________ Email_________________________________________________
Anticipated Graduation Date ________/________ Academic Advisor’s Name ____________________________________________

Select the term for which you are requesting reinstatement: Fall Spring Summer (May, Sum I & Sum II)

Section II: Appeal type

If your ability to meet the University’s standards of satisfactory academic progress was affected by mitigating circumstances, you may appeal the denial of federal financial assistance with Financial Aid & Scholarships.

Please follow the steps below:

1. **Choose one of the situations below and submit the appropriate documentation:**
   - **Medical:** If a personal medical problem contributed to your failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.
   - **Death/Illness:** If the death or illness of an immediate family member contributed to your lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.
   - **Military Service:** If you have withdrawn from CCU due to military service, provide documentation.
   - **Divorce/Separation:** Please provide a letter from your attorney or court documents as proof of divorce/separation.
   - **Financial Duress:** If financial difficulties contributed to your lack of academic progress, provide documentation such as overdue bills, etc.
   - **Second Undergraduate Degree:** If you are working on a second degree, provide an academic plan, signed by your advisor.
   - **Other Circumstances:** Provide appropriate documentation for the circumstance (not listed above) that contributed to your failure to maintain satisfactory academic progress.

2. **Attach a signed, typed letter explaining your mitigating circumstance and how your situation has been rectified.**

3. Have you attempted more than 90 cumulative credit hours? **Yes**  **No**
   If your answer was ‘Yes’, submit an academic plan signed by your Advisor.

Coastal Carolina University complies with the requirements of Title IX of the Education Amendments of 1972, 20 U.S.C. Sec. 1681, et seq., and subsequent regulations, which prohibit discrimination on the basis of sex in all programs and activities receiving federal financial assistance. In the event that the information you share in this appeal process is subject to a Title IX violation, it is mandated that any Coastal Carolina University employees must report that disclosure to the University’s Title IX Coordinator.

Section III: Signature

I certify the information provided within this appeal is true and complete to the best of my knowledge. I understand the decision of the Satisfactory Academic Appeals Review Board is subject to federal and institutional policies and is final.

Signature___________________________________________________    Date____________________________

To ensure that your eligibility for federal financial aid is determined prior to the start of the semester, please submit your completed appeal by the dates below:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Spring Semester</td>
<td>December 15</td>
</tr>
<tr>
<td>Summer Semester</td>
<td>May 15</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>July 15</td>
</tr>
</tbody>
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***If deadline is not met, please expect to make payment arrangements.***

***All appeals submitted by 5:00pm on Friday will receive priority review during the following week’s meeting. Completed appeals may take up to two weeks for processing during peak periods.***