



Financial Aid Staff Signature:

1600 Chester Avenue, Bremerton, WA 98337 Phone: (360) 475-7160 Fax: (360) 475-7471

(85) PETITION FOR REINSTATEMENT

2013-2014

**NOTE: Students who have previously petitioned for reinstatement more than 3 times MUST COMPLETE AN APPEAL FORM. However, if you have previously been denied reinstatement by the Appeals Committee, you are NOT ELIGIBLE to appeal for reinstatement again.

INSTRUCTIONS FOR COMPLETING THIS FORM (see **NOTE above BEFORE completing):

- 1. Attach a detailed, signed explanation (typed OR written neatly) of the circumstances why you were cancelled.
- 2. Attach a copy of your Olympic College unofficial transcript.
- 3. Attach any supporting documentation you think should be considered. (*Incomplete applications may be delayed or denied*).

	First Name	SID	SSN
Address	City	State	Zip
Phone:	OC Educational Goal (Cert., AA	S, ATA, BSN, etc.):	
Date first admitted to OC	Expec	ted Completion (Quart	er, year)
When do you request your ai	d reinstatement be effective? (Grants	will not be retroactively award	ed for quarters which have concluded.)
□ Summer [□ Fall □ Winter	_ □ Spring	
B. FACTORS THAT CONTRIE	BUTED TO LOSS OF FINANCIAL AID:	(Check all that apply)) :
	int Average is below the minimum requ		
	te completion rate of quarterly coursew	•	•
not eligible to appeal for re	VER, if you have already been denied reinstatement again. injury or extended illness this quarter.	einstatement by the appe	eals committee, then you are
·	or life threatening illness of a family n	nember this quarter.	
•	igating circumstances beyond my contro	•	
	nrolled in and successfully completed 6	, , ,	
D. Will the specified circum	nstance hinder you from succeedin	g academically in the	future? Please check one.
☐ Yes E. I certify that the explana	\square No ition and information I have provid	ed is true and correct	

Date: