

LOSS OF SWC PROMISE APPEAL

Last Name	First Name	MI	SWC ID Number <input type="checkbox"/> Fall <input type="checkbox"/> Spring
------------------	-------------------	-----------	---

Email Address	Telephone Number	Semester (check one)
----------------------	-------------------------	-----------------------------

Submit this appeal and attached documentation to the Financial Aid Office as soon as possible to avoid delays. See website for applicable deadlines. Late appeals may not be approved.

Submit completed appeals to the Financial Aid Office via Dropbox at <https://go.swccd.edu/dropbox>

SWC Promise Satisfactory Academic Progress Standard

SWC Promise recipients must enroll in 12+ units each semester to maintain SWC Promise eligibility.

SWC Promise Appeal Reasons

Please check the reason that applies to you and **attach required documentation! Please only check one reason for appeal.**

- Extenuating Circumstances.** I experienced extenuating circumstances, which are verified cases of accident, illness, financial difficulty, job loss, homelessness, eviction, or other circumstances beyond my control. **Inclusion of documentation of extenuating circumstances is strongly recommended.**

- DSS Accommodation (effective Jan. 1, 2020).** I am a student with a verified disability who applied with Disability Support Services (DSS) and enrolled in fewer than 12 units, a level considered full time for me by my DSS counsellor. **Attach a copy of your Authorized Academic Accommodation Form and verification of requirement to enroll in less than 12 units.**

Student Certification

Please initial below to certify:

- _____ All statements and supporting documentation are true and correct to the best of my knowledge.
- _____ I understand that if my appeal is not approved, I will not be eligible for the SWC Promise in the future.
- _____ I understand that processing of my appeal will take 2-4 weeks.
- _____ I understand that all information provided on this appeal is considered confidential. However, **all Financial Aid employees are considered Responsible Employees** and are mandated to report any incidents of sexual harassment, discrimination, assault,

Student Signature _____

Date _____

FOR OFFICE USE ONLY

- APPROVED DENIED FOLLOW UP

Staff Signature _____ Date _____

COMMENTS: _____