

Morris College

Office of Admissions and Records
100 W. College Street
Sumter, S. C. 29150
(803) 934-3225- Office
Fax# (803) 773-8241

Student Name (Please Print)			
_____	_____	_____	_____
First	Middle	Last	Social Security #

Street Address or P O Box			

_____	_____	_____	_____
City	State	ZIP	(Area Code) Phone #
_____		_____	
E-mail Address		Cell Number	

Please complete and return to the Chair of the Appeals Committee by the specified deadline date.

FINANCIAL AID PROBATION REQUEST FORM

Students **must** use this form to request a reevaluation of their suspension of financial assistance based on one of the circumstances that prevented them from maintaining satisfactory academic progress. Please keep in mind, the Office of Financial Aid cannot process a Probation Request until the student is actually on financial aid suspension. An Academic Plan of Action must be submitted with this form. (What and how you plan to improve your grades?)

1. **Extenuating medical circumstances**
Provide a detailed letter of explanation and have your health care professional complete and sign page 2 of this form or submit documentation from your doctor explaining your medical condition.
2. **Death of a relative. List name of Relative _____ Relationship to student _____**
Provide a copy of the obituary with this form
3. **Extenuating personal circumstances that resulted in undue hardship.**
(Not controlled by the student) Attach a detailed letter of explanation and supporting documentation.

Certification Statement

I have enclosed a letter of explanation that addresses the circumstance(s) that prevented me from attaining my minimum credit/GPA requirement. My letter explains what will be different about the upcoming semester and how I will be able to complete my courses. I understand that I will be notified by mail of the final decision at the address provided above.

Student Signature

Date

Office Use Only

___ Approved	___ Denied	(Def ___ of ___ Hrs	Def ___ of ___ GPA)
___ Fall	___ Spring	___ Summer	
_____		_____	
College Official Signature		Date	

STUDENT NAME

SOCIAL SECURITY NUMBER

HEALTH CARE PROFESSIONAL'S STATEMENT

The Morris College Student Financial Aid Office is reviewing the above-named student's financial aid file, and additional information is required.

Please explain why the above named student was medically unable to successfully complete the _____ semester 20____.

Can the above-named student return to Morris College for the upcoming semester? ____Yes ____No
If yes, then Full-time ____
Part-time ____

Health Care Professional Signature Date

Print Name Phone Number

Hospital/Medical Center Name

Address City State Zip

ACADEMIC ADVISOR STATEMENT

The Morris College Student Financial Aid Office is reviewing the above named student's financial aid file, and additional information is required.

Please indicate the program in which the student is enrolled: _____

Were there relevant courses offered during the summer session that the student could have taken towards their program of study or completing their degree requirements? ____Yes ____No

Morris College Academic Advisor Signature Date

Print Advisor Name Advisor Phone