

Southeastern Illinois College Financial Aid Office 3575 College Rd. Harrisburg, IL 62946

Phone: (618) 252-5400 Fax: (618) 252-3062

Email: fao@sic.edu

2023-2024 UEH Appeal

Please read instructions carefully and complete the form to its entirety. Appeals are reviewed weekly. You will receive written notification of the decision and conditions of approval. Student Name: _____ ID #: ____ Email address: _____ Phone #: _____ Appeal Requested for:

| Fall _____ (year) | Spring _____ (year) | Summer _____ (year) Please write an explanation describing why you failed to earn academic credit during the past three academic periods. Attach documentation to support your claim.-Explain how your situation has changed or changes you have made to prevent the problem(s) from occurring in the future.

UEH Appeal Form continued

Degree Major:		
Expected Graduation Date:	A	ttempted Credit hours:
Credit hours remaining for degree	requirements:	
The section must be complete	d with an Academic Adviso	r before your appeal will be considered.
List the courses needed to fulfill g	raduation requirement:	
Semester and year	Semester and year	Semester and year
course and credit hours	course and credit hours	course and credit hours
course and credit hours	course and credit hours	course and credit hours
course and credit hours	course and credit hours	course and credit hours
course and credit hours	course and credit hours	course and credit hours
This academic plan has been revie	wed and discussed with the stud	lent.
Academic Advisor's signature		Academic Advisor's Name (please print)
I certify the information on this UEH knowledge. I understand my appeal w		re true, accurate, and complete to the best of my orting documentation is provided.
Student's signature		Date

Please submit form and all documentation to:

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