



Southeastern Illinois College  
 Financial Aid Office  
 3575 College Rd.  
 Harrisburg, IL 62946  
 Phone: (618) 252-5400 Fax: (618) 252-3062  
 Email: [fao@sic.edu](mailto:fao@sic.edu)

2024-2025  
 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.** -

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Explain how your situation has changed or changes you have made to prevent the problem(s) from occurring in the future.

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**Please continue on back.**

# UEH Appeal Form continued

Degree Major: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Attempted Credit hours: \_\_\_\_\_

Credit hours remaining for degree requirements: \_\_\_\_\_

**The section must be completed with an Academic Advisor before your appeal will be considered.**

List the courses needed to fulfill graduation requirement:

\_\_\_\_\_  
Semester and year

\_\_\_\_\_  
Semester and year

\_\_\_\_\_  
Semester and year

\_\_\_\_\_  
course and credit hours

\_\_\_\_\_  
course and credit hours

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course and credit hours

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course and credit hours

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course and credit hours

\_\_\_\_\_  
course and credit hours

This academic plan has been reviewed and discussed with the student.

\_\_\_\_\_  
Academic Advisor's signature

\_\_\_\_\_  
Academic Advisor's Name (please print)

I certify the information on this UEH Appeal Form and documentation are true, accurate, and complete to the best of my knowledge. I understand my appeal will not be considered until all supporting documentation is provided.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Please submit form and all documentation to:**

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