

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

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

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2025-2026 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. _____ID #: ____ Student Name: _____ Email address: Phone #: Appeal Requested for: \Box Fall _____ (year) \Box Spring _____ (year) \Box 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	ed with an Academic Adviso	r before your appeal will be considered.
List the courses needed to fulfill g	graduation 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 review	ewed and discussed with the stud	lent.
Academic Advisor's signature		Academic Advisor's Name (please print)
		re true, accurate, and complete to the best of my
knowledge. I understand my appeal v	vill not be considered until all suppo	orting documentation is provided.
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Student's signature		Date

Please submit form and all documentation to:

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