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

2026-2027 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	_____ 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 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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