



4) Reason for exception: Detail the extenuating circumstances you believe should be considered in reviewing your appeal for reinstatement or continuation of financial aid. Describe how you resolved or intend to resolve the circumstances in order to successfully complete your studies at Chabot. Be as specific as you can in terms of tutoring, childcare, reductions in work schedule, or other factors that affected your ability to complete your classes or program successfully. Feel free to attach a separate signed and dated statement if you need more space.

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**If my appeal is approved, I agree to the terms of my stipulation contract to correct my deficiencies and to the decision of the Financial Aid Office. I acknowledge that future receipt of financial aid depends upon fulfilling the conditions of my stipulation contract and maintaining all other aspects of the satisfactory academic progress policy. I understand that a decision regarding this petition for reinstatement will be mailed to me within two to four weeks from date of submission of all requested information.**

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

Semester/Year: \_\_\_\_\_ CGPA: \_\_\_\_\_ Attempted hrs: \_\_\_\_\_ Transfer hrs: \_\_\_\_\_ 67%: \_\_\_\_\_

Request Pending: update SEP \_\_\_\_\_ Other: \_\_\_\_\_

Denied: \_\_\_\_\_

Approved: \_\_\_\_\_

**CONDITIONS:**

- \_\_\_\_ Follow current SEP, classes only toward degree plan
- \_\_\_\_ Complete at least 67% of attempted units w/ minimum 2.00 semester gpa.
- \_\_\_\_ OTHER \_\_\_\_\_
- \_\_\_\_ OTHER \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE / FAO Initials: \_\_\_\_\_