



## Appeal of Loss of Tuition Remission Due to Unsatisfactory Academic Progress

Complete all Items Below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UCID \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ (The decision will be communicated to you by email)

Describe in detail the extenuating circumstances supporting your appeal. You may attach up to two (2) printed pages to this sheet for this purpose.

**Note:** If your appeal is based on the medical circumstances of either you or a family member, you must provide medical documentation on the form at

[http://www.ucc.edu/academic/academic\\_progress/appeal/medical\\_documentation\\_form.pdf](#) in addition to the description of the extenuating circumstances indicated above.

**Signature:**

I hereby affirm that all of the details and documents I have submitted in support of my appeal are complete and accurate to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_