

Kodiak Corner/Student Advising and Support Services

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Appeal for Reinstatement of Veterans Educational Benefits

Student Name: _____ Student ID#: _____

My appeal is based on (check one):

I earned reinstatement by having a completion rate of 67% or greater for coursework taken at Cascadia Community College and my cumulative GPA is 2.00 or greater. (see Satisfactory Academic Progress policy)

**To determine completion rate divide the total amount of credits completed by the total amount of credits attempted.*

_____ / _____ = _____ %
Completed Attempted Completion Rate

- Sign and date this form where indicated.
- If you are requesting a reinstatement after the tuition deadline for the quarter, you will be responsible to pay for your own tuition for the quarter and be reimbursed if you are eligible for funding. If this is not an option, you should request reinstatement for the following quarter.

Mitigating Circumstances (*Appeals without documentation are generally denied.*)

(This type of appeal is generally not approved if more than two consecutive quarters of unsatisfactory academic progress have occurred.)

Step 1. Indicate the type of unusual or extraordinary circumstances beyond your control (check one):

Illness/Death in student's immediate family

(Attach documentation from a medical care provider/copy of death certificate/funeral notice)

Illness/Injury afflicting the student during the enrollment period

(Attach documentation from a medical care provider)

Unavoidable change in the student's conditions of employment

(Attach termination/ layoff /change in schedule notice)

Unavoidable geographical transfer resulting from the student's employment

(Attach employment transfer documents)

Immediate family or financial obligations beyond the control of the claimant that requires him/her to suspend pursuit of the program of education to obtain employment.

(Attach statement/documentation)

Discontinue of the course by the school

(Attach documentation)

Unanticipated active military service, including active duty for training

(Attach documentation)

Unanticipated difficulties with childcare arrangements the student has made for the period during which he/she is attending class.

(Attach documentation from daycare provider)

Step 2. Attach a signed statement in your own words describing in detail the mitigating circumstances beyond your control. You can use the back of this form if you wish. The statement should include:
what happened when it happened why it happened why it is no longer a problem

Step 3. Sign and date this form where indicated.

Student Signature _____

Date _____

VA Certifying Official use only

() Approved – no probation () Approved – probation () Approved-Ed Plan () Denied

Certifying Official Signature _____

Date ____/____/____