

## San Jacinto College Exemption and Waiver Appeal

<b>Student Name-</b> Last, First, M.I.	<b>Student ID #</b>
<b>Email</b>	<b>Phone Number</b>
<b>Semester requested for exemption</b>	<b>SJC staff initials</b>

- I am requesting an appeal to reinstate my exemption or waiver due to my academic performance.
- I am requesting an appeal to reinstate my exemption or waiver due to excessive hours taken or attempted.

**Required documents that will help support your request:**

1. **A typed narrative of your situation with your name and student ID number including:**
  - a. the events or circumstances that directly contributed to your academic performance.
  - b. actions you have taken to prevent a repeat occurrence of the prior academic performance.
2. **Documentation which may support your appeal (See list of acceptable documents).**

Reason for appeal	Documentation Needed
Severe illness or other debilitating condition	Statement from doctor
Care of a sick, injured or needy person	Statement from doctor regarding illness of the person being cared for. <b>Or</b> Statement from the sick, injured, or needy person regarding your role as the care giver <b>or</b> in case of a child, statement from the student
Death of family member or another person who is otherwise considered to have a sufficiently close relationship	Death certificate or obituary from newspaper
Active duty service with the Texas National guard or other armed forces by the student, a family member, or a person who has a sufficiently close relationship	Orders from service
Change in work schedule that is beyond the control of the student	Letter from employer
Other	Other reasons will be reviewed by the institution and additional documentation may be required.

I certify that the information submitted in this appeal as well as the corresponding documentation is true and complete to the best of my knowledge. I also acknowledge that I have read the College's Exemption and Waiver policy and understand that submitting an appeal along with supporting documentation does not guarantee approval.

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

<b>OFFICE USE ONLY</b>
Approved _____ Denied _____ Reviewed/processed by: _____ Date processed: _____
Support Services/Follow up Recommended: _____
Date Student emailed: _____ Date DL Business Office emailed : _____