



**Mount Wachusett
Community College**

444 Green Street, Gardner, MA 01440-1000
978-630-9169

FALL PETITION FOR REINSTATEMENT
Financial Aid Office

STUDENT NAME: _____

STUDENT ADDRESS: _____

Street

City

State

Zip Code

TELEPHONE: _____ Social Security Number _____

Financial aid suspension is a serious situation that warrants careful examination of the causes and a plan of action to eliminate the possibility of reoccurrence. You must complete and submit this form to the Financial Aid Office. Each section must be answered thoroughly. Incomplete sections will cause your request to be dismissed without consideration. This petition must be accompanied by documentation (i.e. doctors note) to support appeal.

This fully completed petition for reinstatement must be received by the Financial Aid Office for consideration for financial aid for the fall semester.

PETITIONER'S STATEMENT

1. State clearly and specifically all of the reasons why you were unsuccessful in your courses at Mount Wachusett Community College. Please specifically address EACH semester in which you were unsuccessful.

(over)

2. If you are allowed to receive financial aid funding, what steps will you take in order to prevent this situation from reoccurring? Please address some changes in your life that will positively affect the outcome of next semester. Consider some of the following issues: academic, personal, employment, health, transportation, and/or childcare.

3. Please provide any additional facts that should be considered in evaluating your request.

Signature: (Student)_____ Date:_____

For Financial Aid Use Only:

Financial Aid Office Review

Counselor _____ Date _____

Student's Name _____ Time _____

Social Security Number _____

_____ **Petition Approved** _____ **Petition Denied**

RECOMMENDATIONS/COMMENTS:
