



**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)

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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/academicappeal/medicaldocumentationform.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:** \_\_\_\_\_