**Date:** Click or tap to enter a date.

**Student’s Name:** Click or tap here to enter text. **VA File Number:**Click or tap here to enter text.

**Student’s Address:**Click or tap here to enter text.

Street Address City State Zip Code

**Student’s Phone Number:**Click or tap here to enter text.

1. Explain in detail the circumstances that prevented you from meeting the Carl Sandburg College policy under the Veterans Administration Standards of Academic Progress.

Click or tap here to enter text.

1. State why you believe you should be considered an exception to the Carl Sandburg College policy under the Veterans Administration Standards of Academic Progress.

Click or tap here to enter text.

**I CERTIFY THAT ALL INFORMATION AND DOCUMENTATION I HAVE SUBMITTED PERTAINING TO THIS APPEAL IS TRUE AND COMPLETE.**

**Student’s Signature**Click or tap here to enter text. **Date** Click or tap here to enter text.

**For Office Use Only:**

**Granted**

**Denied**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have any further questions, please contact Maddison Foster, Veterans Coordinator/Financial Aid Specialist, at (309) 341-5283. Please mail or bring in completed appeal form. If you are going to mail this form, please send it to: **Maddison Foster, Veterans Coordinator, Financial Aid Office, Carl Sandburg College, 2400 Tom L. Wilson Blvd., Galesburg, IL 61401**