



Summer_____	CR	Fall_____	CR	Winter_____	CR	Spring_____	CR
<b>Total:</b>	_____		_____		_____		_____

4. What happened? Please describe the unforeseen situation that prevented you from completing your college program within the maximum timeframe guideline.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*typed signatures cannot be accepted. If you are submitting this through email, please sign and scan OR take a photo of your signature and paste onto signature line.*

*Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following person(s) have been designated to handle inquiries regarding the non-discrimination policies. Kim Garza, Title IX Coordinator, Building 1400, Office 1449 at (509) 793-2010 / kimg@bigbend.edu or Rebecca Leavell, Accommodations & Accessibility Services Coordinator, Building 1400, Office 1472 at (509) 793-2027 / rebeccal@bigbend.edu.*

## OFFICE USE ONLY

**APPROVED:** Quarter/YR \_\_\_\_\_

Contract:

- \_\_\_\_\_ credits by \_\_\_\_\_
- 2.0 GPA by \_\_\_\_\_

**DENY:** Quarter/YR \_\_\_\_\_

- Incomplete appeal     2 Degrees     Repay/default
- Mathematically not possible     Pace of progression     Max of 3 appeals
- Qtrs attempted \_\_\_\_\_ Qtrs Complete \_\_\_\_\_     Other

Financial Aid Review \_\_\_\_\_ Date \_\_\_\_\_