Futures for Frontliners and Michigan Reconnect Appeal

The Futures for Frontliners and Michigan Reconnect programs require that students maintain eligibility in the program by successfully completing 12 credit hours in their program of study by the end of an academic year. Students who do not meet this criterion lose their eligibility for the programs. Please keep in mind that the credit hours taken must apply towards your program of study at SC4.

We know that life and program availability often can get in the way as you are attending college. Due to this, there is an option for you to appeal this requirement and request that you be allowed to continue as a Futures for Frontliners or Michigan Reconnect recipient. By completing this appeal form, you are requesting reinstatement of eligibility for the programs. Appeals will be reviewed on a case-by-case basis. Appeals may be granted for reinstatement or denied reinstatement; be sure to submit appropriate supporting documentation (i.e., copies of death certificates, medical reports, etc.).

Student Name ____________________________________________________ Student ID# ______________________

Phone _________________________________ E-mail ____________________________________________________

Section 1: Please indicate the semester you are requesting reinstatement into the program.

Semester: _________________________________________________ Year: ___________________________

Section 2: Mark all the following reasons that apply for your appeal.

☐ Hardship
☐ Affected by Rolling admission (waitlist) in the PN, RN, or Nursing transition programs
☐ Religious commitment
☐ Military obligation
☐ Other ____________________________________________________

Section 3: Briefly explain why you were not able to meet the requirement to earn 12 credits in your program of student by the end of the previous academic year.

Section 4: Provide a list of the supporting documentation that is being provided with your appeal.

I certify that the information reported on this form is true and correct. If requested, I agree to provide additional documentation to the Financial Aid Office.

Student Signature _____________________________________________________ Date _________________________

*Typed signatures are not acceptable at this time.

St. Clair County Community College 323 Erie St., PO Box 5015, Port Huron, MI 48061
Phone: (810) 989-5530 Fax: (810) 989-5774 E-mail: financialaid@sc4.edu

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