



Students who wish to appeal any scholarship requirements can complete a Request for a Waiver of Scholarship Requirements or Exception using this form. A student must complete this form in its entirety and submit it to the Student Success Coordinator in Room 81 or mysuccess@pine.edu with supporting documentation identifying the need for the waiver of requirement or exception. Once a request is submitted it will be submitted for review by the authorities of the scholarship funding source and a decision will be made. Students will be notified in writing of the decision within 15 business days of submission.

STEP 1: Complete the following:

Name: _____ E-Mail Address: _____
Student ID #: _____ Phone Number: _____
Program Major: _____ Scholarship Awarded: Frandsen PCCI Kick Start

Please indicate the requirement(s) you wish to have waived or the reason for an exception request. It is highly recommended that you provide additional supporting documentation whenever possible.

- ☐ Reduced number of credits required
- ☐ Success Strategies class substitution or elimination
- ☐ Cumulative Grade Point Average of 2.0 or higher
- ☐ Course completion rate above 67%
- ☐ Stipend reimbursement outside of 2 weeks at start of semester
- ☐ Consortium Agreement reimbursement to take class at a different institution *(student must submit invoice from other institution for reimbursement and is responsible for paying outstanding invoice)*
- ☐ Summer Classes
- ☐ Scholarship Extension
- ☐ Start in a semester other than the 1st semester after high school graduation
- ☐ FAFSA requirement
- ☐ Major requirement
- ☐ Other *(please specify)*: _____

STEP 2: Write a well thought out and detailed letter of explanation for the following:

1. Why you are requesting the waiver or exception.
2. What the waiver or exception means for your education including what might happen if it is not granted.

Step 3: Attach this completed and signed form to the letter drafted and submit for review.

Student Signature: _____ Date: _____

If you need assistance completing this form, please contact mysuccess@pine.edu.

For office use only					
Date received:		<input type="checkbox"/> Approved	<input type="checkbox"/> Approval with Conditions	<input type="checkbox"/> Denied	Date reviewed:
Conditions or Remarks:					
Signature:					