



Student ID # \_\_\_\_\_

## 2025-2026 LEAVE OF ABSENCE APPEAL FORM

**Michigan Reconnect or Future for Frontliners Appeal:** In order to be eligible for these scholarships, students must meet the program standards set by the state of Michigan. To meet these standards, students must meet the following academic and attempted credit standards:

### Academic Standards

- Maintain a cumulative 2.0 grade point average (GPA) or better by the end of each 12-month period in the courses you take towards your associate degree or skill certificate as a Michigan Reconnect or Futures for Frontliners participant.
- Complete 12 credits within the 12 month period.

If a student is not meeting these requirements, they may not be eligible for these scholarships.

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### **An appeal based on enrollment can be filed by completing these steps:**

- Fill out the Leave of Absence Appeal Form **completely**.
- Applicants must meet at least one of the criteria listed on the next page and include supporting documentation.
- Financial aid appeals can take 10 to 15 business days for processing.

**All applications for leave of absence appeals must be submitted to:**

Jackson College • Lexie Seidel • E-mail: [seidellexie@jccmi.edu](mailto:seidellexie@jccmi.edu)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

Apt/Box #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Note: By providing a phone number I consent to JC leaving messages (voicemail, text messages and/or verbal messages with any person who answers at the number) with specific information related to JC (course enrollment, appointments, advising, financial aid, payments, admission, etc.).

Major/Program of Study \_\_\_\_\_

Student Signature: \_\_\_\_\_

Revised Date 11/13/2024

**Complete for Michigan Reconnect or Future for Frontliners appeal:**

| Check which fits your situation:  | Include this documentation:  |
|---|--|
| <input type="checkbox"/> Death of an immediate family member (spouse, child, parent, sibling or legal guardian of the student).   | Obituary or death certificate which includes your relationship to the deceased.  |
| <input type="checkbox"/> Return to work (from a lay-off)/change in working hours that occurred after the semester began and that substantially interferes with your ability to attend class<br>*Starting/Accepting a new job is not applicable.   | Your employer must provide a letter of support on official company letterhead specifying exactly how your change in work interferes with your ability to attend class. The letter must be signed by your supervisor or higher company manager. <b>Students must make every effort to find options to complete the semester before an exception is considered</b>         |
| <input type="checkbox"/> Medical: Provide a doctor's letter that states your condition or injury prevents you from completing classes.  | The statement must be on the physician's letterhead and include expected start and end dates of the medical condition. The doctor must verify in the statement that you cannot attend any class as the medical condition is very serious and prevents you from participation in employment, education, and other major life activities for the duration of the semester. |
| <input type="checkbox"/> Call to military duty.<br>*Voluntary enlistment and subsequent call to duty during enrolled semester of appeal not applicable. *   | Submit a copy of your military orders with dates.  |
| <input type="checkbox"/> Other Extenuating Circumstances (i.e., hardship, rolling admission or waitlist into second admit programs at JC, issues with obtaining an internship, religious commitment expected of all students of that faith, etc.) | Submit documentation that verifies how the situation inhibited your ability to register and/or attend class (i.e., waitlist letter, doctor's note, etc.)   |

**Appeal Terms and Conditions: PLEASE READ CAREFULLY**

- I understand that all communication, including the outcome of the appeal, will be sent via email to my JC email address.
- I understand that any misrepresentation of the facts can result in formal disciplinary action.
- I understand that incomplete appeals will be denied.

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

Must include 'Why you failed to make the enrollment requirement and explain what will allow you to meet it in the future.' (Use the back of the form or an attachment if necessary)

[illegible]

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