

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

This form, along with required documents, is required to appeal your loss of financial aid eligibility due to not meeting the Satisfactory Academic Progress standards. You must complete this form and attach supporting documents for your appeal to be considered. NOTE: This is a fillable form.

PLEASE READ EACH SECTION AND FOLLOW THE INSTRUCTIONS TO ENSURE THAT THERE ARE NO ERRORS OR PROCESSING DELAYS.

Student Name: Type Name Here	Student ID #:Type ID here
combination of sessions (<u>16-week</u> , <u>12</u> is the last day to "add" for the <u>longest</u>	al is the last day to "add" a class. If you are enrolled in a 2-week, 8W1, 8W2, 5W1, 5W2, 5W3, etc.) within the semester, it t session that you are enrolled in. Late appeals will be reviewed for n for appeals will be sent to your Message Center in SIS.
I would like my financial aid eligib	bility re-evaluated for the semester I am returning below:
Award Year:	Select One Semester:
Reason for Failure: (The reason can b	pe found in your To Do list in SIS) Select all that apply:
\square I have not successfully completed	67% of the courses that I have attempted.
\square I am not meeting the minimum \underline{GF}	PA requirements.
Reason for Appeal: Your supporting without supporting documents will	statement and documentation will be required. Appeals submitted be denied.
mitigating circumstances and will not determine eligibility for benefits and	roblems, or childcare conflicts DO NOT constitute unusual t be considered. Please complete the Single Stop screener tool to d resources that may be of assistance and provide additional support SAP standing: Single Stop™ - Your Single Stop in finding benefits &
Sudden Illness Death of a	a Family Member Unusual Circumstance
Requirements for Statements and Do	ocumentation:
1. Describe why you are not meeting	g Satisfactory Academic Progress, and what has changed in

2. Provide appropriate supporting documentation of the extenuating circumstances described in your

Explain what changes you will make so that you will meet or continue Satisfactory Academic Progress.

your situation that will allow you to meet or continue Satisfactory Academic Progress.

TYPED statement (below) for appeal.

Student ID #:Type ID here

Student Name: Type Name Here

You must review each of	question below a	and type your respons	e:
-------------------------	------------------	-----------------------	----

You must use proper grammar and punctuation.

Plan? (If additional space is needed, please use separate paper.)
Click here to type your explanation

What has changed or what are you doing to ensure that you meet satisfactory academic progress requirements <u>or</u> the terms of your Academic Plan going forward? (If additional space is needed, please use separate paper.)

Click here to type your explanation

Student Name: Type Name Here

Program: Type program here

Expecteded Graduation Date:

Academic success and progression are required for continued financial aid eligibility. Construct a plan of study for up to three semesters (using the grid below) with courses that are required for your academic program. If this section is left blank, it will be considered INCOMPLETE, and the appeal will be DENIED. Please use the drop down for the correct year.

Semester	Year	Semester	Year	Semester	Year
Course & Number	Credits	Course & Number	Credits	Course & Number	Credits
Type course here	Type credits	Type course here	Type credits	Type course here	Type credits
Type course here	Type credits	Type course here	Type credits	Type course here	Type credits
Type course here	Type credits	Type course here	Type credits	Type course here	Type credits
Type course here	Type credits	Type course here	Type credits	Type course here	Type credits
Type course here	Type credits	Type course here	Type credits	Type course here	Type credits

Certification Section - Read and initial each statement before signing the final certification below:

- I understand that my appeal will be denied if all parts are not completed AND supporting documentation is not submitted. Initial here
- I understand that submission of this appeal does not guarantee that my financial aid will be reinstated. **Initial here**
- > I understand that this appeal may take 15 business days or longer to review. Initial here
- I understand that if my appeal is approved, I will have stipulations outlined in an Academic Plan that must be followed for me to remain eligible for federal student aid. **Initial here**
- I understand if my appeal is approved, <u>I must</u> read, sign, and submit the **Academic Plan Agreement** to regain my financial aid eligibility. **Initial here**
- ➤ I understand that any follow up requests or decisions will be sent to me via the Message Center in SIS. Initial here

CERTIFICATION: "I certify that the information on this Satisfactory Academic Progress Appeal and any supporting documentation are accurate, true and complete to the best of my knowledge. I will provide other information as requested by the financial aid office. I understand that a final decision may not be made on my Satisfactory Academic Progress Appeal until all steps above are complete and until I submit any additional documents if requested by Virginia Peninsula Financial Aid. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code."

	Click or tap to enter a date.	
Student Signature—The signature must be hand-signed or	Date	
electronically signed, such as with a digital stamp or a stylus,		
finger, or touchpad.		

Upload this form by logging into the http://mysupport.vpcc.edu/ using your MyVPCC login information, fax to (757)825-3537, or bring in person (Hampton Campus, Kecoughtan Hall, room 209 / Historic Triangle campus, room 117).