Academic Appeal Form

Financial Aid Office, Vance-Granville Community College, P.O. Box 917, Henderson, NC 27536
Telephone: (252) 738-3280, Fax: (252) 738-3388, Email: fao@vgcc.edu
www.vgcc.edu/financialaidoffice/

Please complete this form if you wish to appeal the loss of your financial aid because you did not meet one or more of the Satisfactory Academic Progress (SAP) requirements. Each appeal submitted will be reviewed and the student will be notified of the decision within ten (10) college working days. The Financial Aid Director's decision is final and no further action can be taken. All documentation submitted is confidential.

Last Name First Name M.I. _____ Student ID or Social Security Number

_____ _____
Address Date of Birth

_____ _____
City State Zip Code Phone Number (with area code)

_____ _____(c) _____ (w)
Email address Other Phone

I. <u>Reason for Appeal</u> (Check all that apply)

- ☐ I earned a cumulative grade point average (GPA) below 2.0.
- ☐ I completed less than 67% of my attempted hours.
- ☐ *I have attempted more than 150% of the total credits required for my current major but have a cumulative GPA above 2.0 and completed more than 67% of my attempted hours.

II. <u>Appeal Explanation</u> (Attach additional pages if needed)

A. *Discuss the circumstances that prevented you from meeting Satisfactory Academic Progress (SAP) standards while attending VGCC. Be specific about the events and the affected periods of enrollment.*

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B. *Discuss what has changed in your situation so you can now **<u>succeed</u>** at earning your degree, diploma, or certificate at VGCC.*

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III. *☐ **150% Maximum Timeframe** (Complete only if checked)

As indicated above you have attempted more than 150% of the total credits required for your current major: _____.

Specific Classes needed to Complete Degree, Diploma, or Certificate:

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Total Credits Needed to Complete Degree, Diploma, or Certificate: ☐

IV. Certification Statement

I certify that the information provided is true, complete, and correct to the best of my knowledge. I understand that false statements or misrepresentations are cause for denial, reductions, withdrawals, and/or repayment of financial aid. I also understand that this information will be used in accordance with Federal guidelines and that submitting this form does not guarantee my appeal will be granted.

_____

Student Signature Date

Financial Aid Office Use Only

Academic Appeal Decision: *Approved* *Denied* **Effective Semester/Term:** _____

Reason/Explanation:_____
_____
_____
_____
_____

Financial Aid Staff Initials _____ Date_____