



# Financial Aid Academic Appeal Form

Financial Aid Office, P.O. Box 917, Henderson, N.C. 27536  
 Telephone: (252) 738-3280, Fax: (252) 738-3388, Email: [fao@vgcc.edu](mailto:fao@vgcc.edu)  
[www.vgcc.edu/fao](http://www.vgcc.edu/fao)

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 Standards of Academic Progress (SAP) requirements. Each appeal submitted will be reviewed and you will be notified of the decision through your VGCC student email. The Financial Aid Academic Appeals Committee's decision is final and no further action can be taken. All documentation submitted is confidential. Documentation of extenuating circumstances may be requested by committee.

Last Name	First Name	M.I.	Student ID #	
Address			Date of Birth	
City	State	Zip Code	Phone Number With Area Code	
Email Address			Cell	Work

Program of Study

I. **Reason for Appeal** (Check all the apply)

- Cumulative grade point average (GPA) below 2.0
- Completed less than 67% of my attempted hours.
- Attempted more than 150% of the total credits required for current major but have a cumulative GPA of above 2.0 and completed more than 67% of attempted hours. If approved, a degree completion plan will be required in addition to an academic plan.

II. **Appeal Explanation** (Check all the apply) PLEASE PRINT

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

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

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III. 150% Maximum Time Frame

Specific classes needed to complete degree, diploma or certificate:

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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:* \_\_\_\_\_



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

## **STUDENT GUIDELINES**

### **Statement of Purpose:**

The Financial Aid Appeals Committee's goal is to review and approve/deny students' Financial Aid Academic Appeal Forms submitted to the Financial Aid Office on a monthly basis. Submission of an appeal does not guarantee reinstatement of financial aid eligibility. Each appeal is reviewed on a case-by-case basis.

**Student ID #:** \_\_\_\_\_

### **Student Requirement:**

I, \_\_\_\_\_, fully understand that I must adhere to the following  
*(Please Print Name)*  
 conditions described in this document.

- \_\_\_\_\_ 1. The decision of the Financial Aid Academic Appeal Committee is final, and cannot be appealed.
- \_\_\_\_\_ 2. An appeal should only be submitted if a student's failure to maintain satisfactory academic progress is based upon extenuating circumstances and/or events beyond his/her control. Circumstances may include, but are not limited to, medical issues, death, or illness. Documentation of extenuating circumstances may be requested by the committee.
- \_\_\_\_\_ 3. If the appeal is denied, a student may not submit another Financial Aid Academic Appeal in the current or following years until s/he has successfully completed nine (9) hours with a 2.5 GPA and 100% Completion Rate (no F/RF, failing grades, or W/WP/WF, withdrawals).
- \_\_\_\_\_ 4. If the appeal is approved, a student will be placed on Continued Probation and a Financial Aid Academic Plan will be established. An Academic Plan may be established for one or more semesters. The student's transcript will be reevaluated at the end of each semester. Under the Academic Plan, a student must meet the established requirements each semester to remain eligible for financial aid. Failure to meet the Plan's requirements will result in the termination of financial aid.

By signing below, I acknowledge that I have read and understand the guidelines.

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*