**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 Requirement:**
I, ____________________________, fully understand that I must adhere to the following 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.

- 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% Passing Rate (no F/RF, failing grades, or WP/WE, 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)
Financial Aid Academic Appeal Form

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.

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<th>Last Name</th>
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<th>M.I.</th>
<th>Student ID or Social Security Number</th>
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Program of Study

I. **Reason for Appeal** (Check all that 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 my current major but have a cumulative GPA above 2.0 and completed more than 67% of my attempted hours.

* If approved, you will be required to submit a degree completion plan to be completed by your academic advisor.

II. **Appeal Explanation** (Check all that apply)

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 period of enrollment. (Do not include any attachments. The explanation must be written below.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B. Discuss what has changed in your situation so you can now succeed at earning your degree, diploma, or certificate at VGCC. (Do not include any attachments. The explanation must be written below.)

III. 150% Maximum Time Frame

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: ______________