Satisfactory Academic Progress for Financial Aid
APPEAL FOR DETERMINATION OF ELIGIBILITY

In order to appeal the denial of financial aid due to noncompliance with satisfactory academic progress (SAP) requirements, you must complete this form and attach the required documentation. Once the form has been completed, you may either mail it to the Financial Aid Office, 501 College Drive, Charlottesville, VA 22902, fax it to 434.961.6557, or bring it to campus, the Financial Aid Office is located in the Main Building, room M136.

Please read and complete this appeal carefully.

Name (Last, First, MI) ____________________________________________________________
Student ID # ___________________________ Phone # _____________________________
VCCS E-mail Address: ________________________________________________________

Please indicate the academic year and semester for which the appeal is to be considered:

___ Fall
___ Spring
___ Summer

Complete the following information regarding your degree or certificate.

Degree or Certificate Objective: ___________________________ Hours needed to complete program_________.

Have you had a previous appeal?

___ No
___ Yes (Indicate the year and semester of previous appeal _________________________.

Types of Appeals:

___ GPA Grade Point Average – explanation of low GPA.

___ Completion Rate: If the ratio (hours completed divided by hours attempted) is less than 67%, explain any Withdrawals (W), Incompletes (I), or ‘F’ grades, which has negatively affected your completion rate?

Timeframe: If you have surpassed the 150 percent rule, you may appeal by using a separate form found here http://www.pvcc.edu/files/fa_sap_appeal_for_150_rule.pdf or by visiting the Financial Aid Office.

Reason for Appeal

Indicate below which situation best applies to the academic difficulty you have experienced. Then, on the back of this page provide a detailed explanation of the factors contributing to your lack of academic progress. Indicate the steps taken to prevent future unsatisfactory academic progress.

___ Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

___ Death/Illness: If the death/illness of a family member or close friend contributed to the lack of academic progress, attach appropriate copies of medical records, death certificate, obituary, etc.

___ Other Circumstances: Clearly state the circumstance (not listed above) & provide appropriate documentation.
Name: _______________________________ Student ID: ____________________________

Detailed explanation of the factors contributing to lack of academic progress: Provide a written explanation below regarding reasons you are failing to meet satisfactory academic progress requirements. Also state what changes in your circumstances have occurred which will insure that you will be able to meet the standards if your appeal is approved. Attach a separate sheet if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress for future semesters. I have read the PVCC SAP Policy available at http://www.pvcc.edu/pay-for-pvcc/financial-aid/responsibilities. I understand the completion of this form does not constitute an approval of my appeal. I will be notified of the decision by email to my VCCS e-mail address.

Student Signature __________________________________________ Date ____________________________

Checklist for appeals

_____ Completed appeal form

_____ Any additional documentation (i.e. statements from doctors, counselors, etc.)

Office Use Only

Appeal Approved: ________Yes ________No

Notification Communication sent on ____________________________