



**SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM**

If you wish to appeal the loss of your eligibility, please complete this form and attach supporting documents.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Deadlines for Appeals:**

The last date to submit an SAP appeal is the last day to "add" a class. If you are enrolled in a combination of sessions ([16-week, 8W1, 8W2, 5W1, 5W2, 5W3, etc.](#)) within the semester, it is the last day to "add" for the longest session that you are enrolled in. Late appeals will be reviewed for the next semester. All communication for appeals will be sent to your Message Center in SIS.

**I would like my financial aid eligibility re-evaluated for the semester I am returning below:**

Award Year: \_\_\_\_\_ Select **One** Semester:  Fall  Spring  Summer

**Reason for Failure: (The reason can be found in your [To Do list in SIS](#))** Select all that apply:

- I have not successfully completed [67% of the courses that I have attempted](#).
- I am not meeting the minimum [GPA requirements](#).

**Reason for Appeal: Your supporting statement and documentation will be required. [Appeals submitted without supporting documents will be denied.](#)** Select one option below:

*Note: Job conflicts, transportation problems, or childcare conflicts DO NOT constitute unusual mitigating circumstances and will not be considered. **Please complete the Single Stop screener tool to determine eligibility for benefits and resources that may be of assistance and provide additional support in maintaining good academic and SAP standing:***  
<https://app.singlestop.org/vccs/thomasnelsoncc>

- Sudden Illness
- Death of a Family Member
- Unusual Circumstance

**Requirements for Statement and Documentation:**

1. Describe why you are not meeting Satisfactory Academic Progress, and what has changed in your situation that will allow you to meet or continue Satisfactory Academic Progress.  
Explain what changes you will make so that you will meet or continue Satisfactory Academic Progress.
2. Provide appropriate supporting documentation of the extenuating circumstances described in your TYPED statement (below) for appeal.

Type your responses here: **You must use proper grammar and punctuation**

Why are you not meeting satisfactory academic progress requirements or the terms of your Academic Plan? (If additional space is needed please use a separate paper.)

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

Program: \_\_\_\_\_ Expected Graduation Date (Month/Year): \_\_\_\_\_

**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.**

Course & Number		Credits		Course & Number		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.

\_\_\_\_\_ I understand that submission of this appeal does not guarantee that my financial aid will be reinstated.

\_\_\_\_\_ I understand that this appeal may take 15 business days or longer to review.

\_\_\_\_\_ I understand that if my appeal is approved, I will have stipulations outlined in an Academic Plan that must be followed in order for me to remain eligible for federal student aid.

\_\_\_\_\_ I understand if my appeal is approved, I must read, sign, and submit the **Academic Plan Agreement** to regain my financial aid eligibility.

\_\_\_\_\_ I understand that any follow up requests or decisions will be sent to me via the Message Center in SIS.

**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."

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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).