



## Satisfactory Academic Progress Appeal 2021-2022 Aid Year

If you wish to appeal the loss of your eligibility, please complete this form and attach supporting documents. **Appeals submitted without supporting documents will be rejected.** Once this appeal form has been completed, please submit it to the bottom address with your supporting documentation. **Incomplete forms will be rejected.**

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_

I have completed a FAFSA for this year (2021-22 year) Yes  No

This is my first appeal to have my financial aid eligibility extended. Yes  No

If you selected "No" when did you last appeal? \_\_\_\_\_

**I would like my financial aid eligibility re-evaluated for the semester checked below: (Choose one):**

**Fall 2021**       **Spring 2022**       **Summer 2022**

Semester:	16 weeks & 1 <sup>st</sup> 8-week Classes Deadline:	2 <sup>nd</sup> 8-week classes Deadline:
Fall 2021	August 23, 2021	October 19, 2021
Spring 2022	January 18, 2022	March 15, 2022
Summer 2022	Date available soon	Date available soon

**If you submit an appeal after the deadline, it will be considered for the following semester.**

### Reasons for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances based on situation(s) checked below:

- Personal illness or illness of an immediate family member. (Please attach statement from a family physician attesting to the medical condition.)
- Death of an immediate family member. Relationship: \_\_\_\_\_  
(Please attach a copy of the obituary or death certificate.)
- Other unusual mitigating circumstances. (Please provide a typed explanation and supporting documents – i.e. court records, police reports, letter from counselor or another unbiased third party, etc.)

**If your documentation will be arriving via a third party, please note on the lines below who will be sending it and how. It must be received within one week of receipt of your appeal to be considered.**

Who is sending it? \_\_\_\_\_

By email? \_\_\_\_\_

By mail? \_\_\_\_\_

By fax? \_\_\_\_\_

In person? \_\_\_\_\_

**A typed, signed, and dated explanation is required. Explain the circumstances that prevented you from maintaining satisfactory academic progress and the reasons for the basis of this appeal. You need to:**

- i) State what the problem was.**
- ii) When did the problem occur?**
- iii) How long did the problem last?**
- iv) How did this affect your ability to complete coursework?**
- v) The steps taken to ensure that the minimum standards will be met at the next evaluation.**

Students that are not meeting SAP may be required to meet with a counselor as part of the SAP appeal process.

Your appeal will not be considered without your initials to show you have read and understand the following conditions. By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I have read the CVCC SAP Policy brochure (<https://centralvirginia.edu/Student-Services/Financial-Aid/Satisfactory-Academic-Progress/Policies>) and understand why I am not meeting SAP requirements. \_\_\_\_\_
- I understand that if my appeal is approved, **I cannot withdraw, fail, or receive Unsatisfactory grades.** \_\_\_\_\_
- I understand that appeals turned in without supporting documents will be denied. \_\_\_\_\_
- Decisions on appeals are processed on a case-by-case basis. \_\_\_\_\_
- Appeal decisions will be communicated to student via Message Center in SIS and CVCC student email. \_\_\_\_\_
- I understand the decision is final and not subject to reconsideration by any party. \_\_\_\_\_
- If approved, I will be expected to comply with the SAP agreement form and guidelines stated within. \_\_\_\_\_
- I may have enrollment stipulations as a condition of my appeal and may be required to meet with my counselor to discuss course load. \_\_\_\_\_
- I understand that I may have to provide more information to the Financial Aid Office to complete the processing of my aid application, even if this appeal is granted. \_\_\_\_\_

**DO NOT TYPE SIGNATURE – MUST BE SIGNED WITH INK PEN**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_