



**Administrative Appeal to the Satisfactory Academic Progress Policy for
Financial Aid Recipients
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

I would like my financial aid eligibility re-evaluated for the semester checked below: (Choose 1 term only):

Fall 2021 Spring 2022 Summer 2022

	16 week & 1 st 8-week Classes Deadline	2 nd 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 automatically apply to the next 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.)

1. Explain the reason you have not completed your program of study. If you have completed a program, and are pursuing a second program, please explain why. This section must be typed. *Make sure to check spelling and grammar before submitting.*
2. Explain what circumstances have changed so that you will be successful. Be sure to include the date you anticipate graduating from this program. This section must be typed. *Make sure to check spelling and grammar before submitting.*

Both explanations must be typed on a separate sheet of paper with student signature and date. Circumstances must be thoroughly explained.

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 in order to be considered.

Who is sending it? _____

By email? _____ By mail? _____ By fax? _____ In person? _____

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 on centralvirginia.edu site and understand why I am not meeting SAP requirements. _____
- I understand that if my appeal is approved, **I cannot withdraw, fail or receive any Unsatisfactory grades in ANY of my classes while on the SAP plan.** _____
- I understand that appeals turned in without supporting documents will be denied. _____
- I understand that handwritten appeal explanations 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 student email. _____
- I understand that 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 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: _____