

FINANCIAL AID
3506 Wards Road
Lynchburg, VA 24502-2498



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centralvirginia.edu

Satisfactory Academic Progress Appeal 2024-2025 Aid Year

If you wish to appeal against the loss of your eligibility, please complete this form and attach supporting documents. **If this is your 2nd (or higher) appeal, please attach documents that support your explanation, otherwise your appeal will be rejected.** Submit your completed form to the Financial Aid office by mail, fax, or in person with your supporting documentation (if applicable). **Incomplete forms will be rejected.**

Student's Name: _____ Student ID#: _____

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:

FALL 2024

SPRING 2025

SUMMER 2025

Semester:	16 weeks & 1st 8-week Classes Deadline:	2nd 8-week classes Deadline:
Fall 2024	August 19, 2024	October 16, 2024
Spring 2025	January 16, 2025	March 18, 2025
Summer 2025	<u>10 Weeks & 1st 5 Weeks</u> May 20, 2025	<u>2nd 5 Weeks</u> June 25, 2025

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

Reasons for Appeal:

A student will need to complete a SAP Appeal Form if one or more of the following requirements are not met. Please check all that apply.

A typed, signed, and dated explanation in a separate document is required along with this form. Explain the circumstances that prevented you from maintaining satisfactory academic progress and the reasons for the basis of this appeal.

MINIMUM GPA

- 1 – 15 attempted hours / 1.5 GPA
- 16 – 30 attempted hours / 1.75 GPA
- 30+ attempted hours / 2.00 GPA

COMPLETION RATE / PERCENTAGE

- Must complete 67% of overall credits attempted.

If your appeal is for not meeting SAP due to **MINIMUM GPA** or **COMPLETION RATE**, please answer these questions:

- i) **What circumstances caused you to not meet one or more of the requirements mentioned above?**
- ii) **What steps will you take in your current and/or future semesters that will make you successful at CVCC?**

MAXIMUM TIME FRAME / 150% MAX RULE

- Because you have attempted 150% (or more) of the credit hours required for your CURRENT PROGRAM the US Department of Education does not permit aid to be awarded without an explanation as to why.

If your appeal is for not meeting SAP due to **MAXIMUM TIME FRAME**, please answer these questions:

- i) **What has caused you to have more credits than what is required for your current program (do you already have a degree / multiple degrees? If so, please explain)?**
- ii) **When do you plan on finishing the program that you are currently enrolled in?**

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 information (<https://centralvirginia.edu/satisfactory-academic-progress-sap>) 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 (if applicable) will be denied. _____
- Decisions on appeals are processed on a case-by-case basis. _____
- Appeal decisions will be communicated to me via my CVCC student email. _____
- I understand the decision is final and not subject to reconsideration by any party. _____
- 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

Signature: _____ Date: _____