

Financial Aid Satisfactory Academic Progress Appeal: 2023-2024

Instructions:

Federal regulations state that students must be making satisfactory progress toward the completion of their academic program in order to continue receiving financial aid. This is determined by measuring the student's GPA, rate of completion in their courses, and length of time taken to complete their program. The complete SAP policy can be found <a href="https://example.com/heters/new/material-receiving-state-new/mater

Students may complete and submit the appeal form, requesting consideration that their financial aid eligibility be reinstated. If approved, the student is placed on a probationary set of guidelines referred to as an "Academic Plan." Appeals are considered if a student was unable to meet the minimum requirements due to mitigating circumstances beyond their control. **SUBMISSION OF THIS APPEAL DOES NOT GUARANTEE APPROVAL.** Once the committee makes a decision a message is placed in your message center, and an email is sent to your VCCS student email notifying you the message is there.

You must complete this form in its entirety. Incomplete forms will be returned unprocessed. Instructions for looking up your student ID number are found here: How to look up your student ID number. The deadline for submitting this form is the last day to add classes for each enrollment period. Please refer to the college catalog for the last day to add courses for your enrollment period.

Late submissions will be considered for the following semester.

Appeals without documentation will not be considered.

Student Information

Last Name:	First Name:		Middle Initial:	
Student ID:	Date of Birth	n:/	Phone Number: ()	
Please indicate the semester for w	hich you wish to app	peal:		
□ Summer 2023 □ F	Fall 2023	☐ Spring 2024	□ Summer 2024	
Please indicate the type of appeal you are unsure which box to chec	-	Check all that app	ply; refer to the to-do list on your Student Center if	
passing grade.	otion if you have comp	leted less than 67%	described in the SAP Policy 6 of the coursework that you have attempted with a n 150% of the number of credits required to complete	
Please indicate your reason for apwill not be considered.	pealing. Check all th	nat apply; please k	teep in mind that appeals without documentation	
regarding treatment, hospital record	s, or other third-party o	documentation of ill		
	nstances. Please prov	vide written explana	y, death certificate, or other third party documentation ation and supporting documents such as court records,	

If you do not know how many credits you need, please log in to your MyBRCC Account and access your Student Center. Under the heading "Academics," choose "Academic Requirements" in the drop down box and click the double arrow to the right of the box.

Please indicate how many credits remain to complete your degree or certificate:

This will display the hours needed to complete your program.

Statement:

Please provide a detailed explanation of the factors contributing to your inability to maintain Satisfactory Academic Progress (SAP). You may attach a typed statement in lieu of a written one below. Attach additional sheets if necessary.

Your statement should include a detailed description of the circumstances beyond your control that led to failure to meet SAP as well as a statement indicating what has changed that will prevent this situation from affecting future performance. Appeals cannot be approved for unresolved situations without solid evidence that the situation will not affect your academic performance.

Students who have completed the Student Success Workshop and met with an Academic Success Advisor should attach their
Personal Learning Contract.
SAP Checklist and Authorization/Signature
Please check each of the following items to indicate that you agree to each of the following, then sign below.
☐ I have read this form in its entirety and believe that my situation warrants appeal for financial aid reconsideration.
□ I have met with an academic success advisor and attached my academic contract that resulted from that meeting (not required for 150% Timeframe Exceeded).
□ I have completed the information requested on page one of this form, including indicating the number of credit hours required for he completion of my program.
☐ If approved, I agree to be placed on an "academic plan" which will require that I maintain a 2.5 GPA or higher and a 100% completion rate (meaning you may not receive a grade of "F," "W," "U," or "I" in any course) until such time as I have achieved the minimum SAP requirements.
☐ I understand that if my appeal is approved, additional appeals will not be considered without new mitigating circumstances if the conditions of my academic plan are not met.
☐ I understand that if my appeal is approved, additional appeals will not be considered without new mitigating circumstances if the conditions of my academic plan are not met.
☐ I have attached relevant documentation to support my appeal.
□ I understand that appeals are decided on a case-by-case basis by committee and that submission of this form does not guarantee approval of my appeal

Date: ____/___

Student Signature: