

### **SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FOR EXTENSION OF FINANCIAL AID**

This form, along with required documents, is required to appeal your loss of financial aid eligibility due to reaching 150% maximum timeframe. You must complete this form. NOTE: This is a fillable form. Please complete the form electronically to ensure more efficient processing. PLEASE READ EACH SECTION AND FOLLOW THE INSTRUCTIONS TO ENSURE THAT THERE ARE NO ERRORS OR PROCESSING DELAYS.

Student Name:

Student ID # (Required):

**Deadlines for Appeals:** The last date to submit a SAP appeal is the last day to "add" a class. If you are enrolled in a combination of [sessions \(16-week, 12Wk, 10Wk, 8W1, 8W2, 5W1, 5W2, 5W3, etc.\)](#) 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 VPCC Message Center in SIS.

**IMPORTANT: YOU, THE STUDENT, MUST COMPLETE THE COURSE COMPLETION PLAN ON THE LAST PAGE AND MEET WITH AN ACADEMIC ADVISOR TO REVIEW AND SIGN OFF ON THE PLAN. YOU MUST FOLLOW THE ACADEMIC ADVISING PROCEDURES FOR SCHEDULING AN APPOINTMENT VIA NAVIGATE IN [MyVPCC](#).**

*If you are also failing to meet the Satisfactory Academic Progress (SAP) standards for 67% completion and/or GPA standard for the current year, you will be required to submit the Satisfactory Academic Progress (SAP) Appeal Form and documentation with this appeal. (This will be listed in your To-Do list on the VPCC Student Center in SIS.)*

**Please select the box below if this applies to you:**

☐ I was also notified that I am not meeting the SAP standards for 67% completion or the GPA standard.

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

Award Year: Select Year Select **One Semester:** ☐ Fall ☐ Spring ☐ Summer

**Select the reason(s) for your appeal below and provide the additional requested information.**

☐ I previously completed a program at Virginia Peninsula Community College and am pursuing another program at Virginia Peninsula Community College.

<b>Name of completed program</b>	_____
<b>Graduation date of the completed program</b>	_____
<b>Name of the new program</b>	_____
<b>Expected graduation date for the new program</b>	_____

☐ I previously completed a program at **another college/university** and am now pursuing a program at Virginia Peninsula Community College. **Enter the name of the other college here:**

<b>Name of completed program</b>	_____
<b>Graduation date of the completed program</b>	_____
<b>Name of the new program at VPCC</b>	_____
<b>Expected graduation date for the new program</b>	_____

☐ **I have not completed** a program at any college/university.

Student Name:

Student ID:

**Explanation:**

Explain below why you have reached the 150% (maximum timeframe), why you have not completed your current program at Virginia Peninsula Community College, and what your plan is to complete the program in a timely manner. **(If additional space is needed, please use separate paper.)**

**Certification Statement:** Please read and initial each statement below before signing and certifying. **Failure to initial each statement will result in a denial.**

- I understand that my appeal will be denied if all parts are not completed AND supporting documentation is not submitted. Initial here
- I understand that I, the student, must complete the 'Completion Plan' and meet with an Academic Advisor. Initial here
- I understand that submission of this appeal does not guarantee that my financial aid will be reinstated. Initial here
- I understand that this appeal may take 15 business days or longer to review. Initial here
- I understand that if my appeal is approved, I will have stipulations outlined in an Academic Plan that I must follow to remain eligible for federal student aid. Initial here
- I understand if my appeal is approved, I must read, sign, and submit the Academic Plan Agreement to regain my financial aid eligibility. MIV
- I understand that any follow-up requests or decisions will be sent via the Message Center in SIS. Initial here

**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."

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Student Signature—The signature must be hand-signed or electronically signed, such as with a digital stamp or a stylus, finger, or touchpad.

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Date

You can upload this form by visiting the [financial aid page](#) and using the secure upload, fax to (757)825-3537, or bring in person (Hampton Campus, Griffin Hall, room 209/Historic Triangle campus, room 117A).

Student Name:

Student ID:

### **COURSE COMPLETION PLAN FOR THE CURRENT PROGRAM**

List the courses you need to complete within the appropriate space below. This page may be hand-written. If completing by hand, you must write the year next to the semester.

Fall Select Year	Spring Select Year	Summer Select Year
Fall Select Year	Spring Select Year	Summer Select Year
Fall Select Year	Spring Select Year	Summer Select Year

**Academic Advisor's Name:**

Academic Advisor's Comments (optional):

**Academic Advisor's Signature:**