

SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

If you wish to appeal the loss of your eligibility, please complete this form and attach supporting documents.

Name:		Student ID #:			
Deadlines for Appeals	:				
	it an SAP appeal is the last day to "a	•			
	-	<u>, 5W3, etc.</u>) within the semester, it is the last			
		in. Late appeals will be reviewed for the next			
semester. All commur	nication for appeals will be sent to y	our Message Center in SIS.			
I would like my fina	ncial aid eligibility re-evaluated	for the semester I am returning below:			
Award Year:	Select One Semester:	Fall □ Spring □ Summer			
Reason for Failure: (T	he reason can be found in your <u>To</u>	Do list in SIS) Select all that apply:			
☐ I have reached or e	xceeded 150% of the required time	frame for completing my degree program including			
credits that have t	ransferred in from another college.	(Maximum Timeframe)			
☐ I have not successi	fully completed 67% of the courses	that I have attempted.			
☐ I am not meeting t	he minimum <u>GPA requirements</u> .				
• •	•	umentation will be required. Appeals submitted			
without supporting d	ocuments will be denied. Select on	e option below:			
Note: Joh conflicts tro	ansportation problems or childcare	conflicts DO NOT constitute unusual			
•	· ·	ise complete the Single Stop screener tool to			
		be of assistance and provide additional support			
in maintaining good	academic and SAP standing:				
https://app.singlesto	p.org/vccs/virginiapeninsulacc				
☐ Sudden Illness	Death of a Family Member	Unusual Circumstance			
Requirements for Stat	tement and Documentation:				
1 Describe why you	are not meeting Satisfactory Acade	mic Progress, and what has changed in			

- Describe why you are not meeting Satisfactory Academic Progress, and what has changed in your situation that will allow you to meet or continue Satisfactory Academic Progress.
 NOTE: If you are not meeting due to Maximum Timeframe (150%), explain why you exceeded the maximum timeframe. You must also include "My Advising Report" from SIS.
- 2. Explain what changes you will make so that you will meet or continue Satisfactory Academic Progress.
- 3. Provide appropriate supporting documentation of the extenuating circumstances described in your TYPED statement (below) for appeal.

Type your responses here: You must use proper grammar and punctuation

Academic Plan? (If additional space is needed please use a separate paper.)						

What has changed or what are you doing to ensure that you meet satisfactory academic progress requirements <u>or</u> the terms of your Academic Plan going forward? (If additional space is needed please use a separate paper.)

Program:	gram: Expected Graduation Date (Month/Year):								
Academic success and pof study for up to three academic program. If the be DENIED. Please use the study of the program of the	semesters nis section i	(using the grid below) v s left blank, it will be co	with courses nsidered IN	that are required for	your				
Course & Number	Credits	Course & Number	Credits	Course & Number	Credits				
documentation I understand that reinstated. I understand that I understand that Plan that must be a second or a second to reason.	at my appea is not subm at submission at this appea at if my app be followed my appeal is egain my fir	al will be denied if all pa	rts are not control guarantee days or long ave stipulation in eligible for sign, and su	ompleted AND support that my financial aid w er to review. ons outlined in an Acad or federal student aid. bmit the Academic Pla	ting vill be emic n				
my "My Adviser	ment Repor	t" from <u>SIS in my MyVP</u>	CC portal.						
I understand that Center in SIS.	at any follov	v up requests or decisio	ns will be se	nt to me via the Messa	ge				
CERTIFICATION: "I certify the documentation are accurate requested by the financial and Progress Appeal until all stee Virginia Peninsula Financial repayment of student financial the U.S. Criminal Code."	e, true and co id office. I ur eps above are Aid. I unders icial assistand	omplete to the best of my nderstand that a final decise complete and until I subrated any false information and may subject me to a	knowledge. I sion may not I mit any additi n may be caus a fine, impriso	will provide other inform be made on my Satisfacto onal documents if reque- se for the denial, reduction onment, or both under pr	nation as ory Academi sted by on, and/or covisions of				
Student's Signature:				Date:					

Upload this form by logging into the http://mysupport.vpcc.edu/ using your MyVPCC login information, fax to (757)825-3537, or bring in person (Hampton Campus, Griffin Hall, room 209 / Historic Triangle campus, room 117).