To avoid delays, please read and complete this application carefully.

In order to appeal the denial of financial aid due to not maintaining satisfactory academic progress, you must complete this form, attach a typed letter detailing the factors contributing to your lack of academic progress and indicate the steps taken to prevent future unsatisfactory academic progress, and attach any supporting documentation that may be helpful in the Committee’s decision-making. Once all items have been completed, you can deliver, mail, email, or fax them to either the financial aid office in Clifton Forge, or the front desk at RRC.

Name (Last, First, MI): ____________________________________________________________

Student ID#:______________________________________________________________

Please choose the semester and indicate the year for which the appeal is to be considered (i.e. Fall 2016).

Fall: __________  Spring: ___________  Summer: __________

Complete the following information regarding your degree.

Degree Objective: ___________________________  Hours Needed to Complete Degree: __________________

Have you had a previous appeal? ___ No ___ Yes (If yes, indicate the year of the previous appeal: ________)

Types of Appeals

____ GPA - If this appeal is based upon your cumulative grade point average, address the issue as to why your cumulative GPA is below the required standard.

____ Completion Rate - If the ratio (hours completed divided by hours attempted) is less than 67%, address the issue of enrolling in courses and receiving a Withdrawal (W), an Incomplete (I), or an “F” which has negatively affected your completion rate.

____ Timeframe - If your appeal is based on exceeding the maximum timeframe for receiving financial aid at DSLCC (150% of your program length), address the need to enroll in a greater number of credit hours than is normally associated with the completion of the degree requirements. Please indicate if you are a transfer student or have changed majors recently.

Reason for Appeal

Below please indicate which situation best applies to the academic difficulty you have experienced.

☐ Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

☐ Death/Illness: If the death/illness of a family member or close friend contributed to the lack of academic progress, please attach appropriate copies of medical records, death certificate, obituary, etc.

☐ Other Circumstances: Please clearly state the circumstance (not listed above) and provide appropriate documentation.

I understand that decisions on appeals are processed on a case-by-case basis. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I have read the DSLCC SAP Policy available at the DSLCC financial aid web site. I understand the completion of this application does not constitute an approval of my appeal. I will be notified of the committee’s decision by email at my VCCS student email address and/or by mail at the mailing address listed with the Office of Admissions and Records.

_________________________________  ____________________________________
Student Signature  Date