

Office of Financial Aid

FINANCIAL AID APPEAL APPLICATION

The Satisfactory Academic Progress Appeal Committee (SAPAC) meeting is held on the 2nd Tuesday of every month. This form must be submitted to the Financial Aid Office no later than the **Friday** before the committee meets. Results will be sent to your Pirate Portal email **by the Wednesday after the meeting**,

Student Name: _____ V#: _____

Semester appealing for: _____ Fall _____ Spring _____ Summer

Please select all that apply for this appeal: See the current Satisfactory Academic Progress (SAP) policy for more information.

- ☐ Cumulative GPA
- ☐ Unsatisfactory completion of hours (67%) or Pace (including developmental courses)
- ☐ Hours in excess of 150% of degree/certificate requirements
- ☐ Bachelor's degree earned

Required: Attach the following documents for all appeals:

1. FAFSA Submission Summary (<https://studentaid.gov/h/apply-for-aid/fafsa>) (first page only)
2. Federal Aid History (studentaid.gov/) Aid Summary (My Aid - submit both the Grant and Loan tabs)
3. **Degree Works** (Log in to your pirate portal to print a copy of your degree works)

***If you have any questions regarding your degree plan**, please make an appointment to visit with your Academic Advisor. *

For students appealing for the ADN, LVN, or PTA programs ONLY: You MUST submit your acceptance notification from the ADN, LVN, or PTA program.

Please indicate program: _____ (please attach copy of acceptance letter)

A copy of your formal acceptance letter is required before your appeal will be accepted by the Financial Aid Department. **You must wait to submit your Financial Aid Appeal until you have received an acceptance letter from your desired program.**



Please explain to the committee what circumstances have led to your current suspension status (submit any relevant documentation such as death certificate, medical information, etc.):

What steps will be taken to ensure Satisfactory Academic Progress will be met?

If This Appeal Form Is Incomplete, It Will Be Denied, NO EXCEPTIONS.

_____(initial)I understand that if I am approved by the SAPAC, I must maintain a 2.0 gpa and complete 67% of hours attempted for financial aid to be available for my use:

_____(initial)I understand that if I do not meet the requirements of this Academic Plan, I will no longer be eligible for Title IV Funds, including Pell Grant, Direct Student Loans, SEOG and work study:

_____(initial)I understand that **ONLY** classes on my degree PLAN will be covered by financial aid if approved by the VC Appeals Committee:

By submitting this form to the Office of Financial Aid, I am requesting reinstatement of my financial aid eligibility. I understand that appeal decisions are made on a case-by-case basis and that my appeal may be denied. **If my appeal is denied, I understand that payment of my bill for tuition and fees is my responsibility.**

Student Signature _____ **Date** _____

RETURN FORM TO:

Victoria College
Financial Aid Office
2200 East Red River
Victoria, TX 77901
Fax# (361) 572-6493
Financialaid@victoriacollege.edu