FINANCIAL AID APPEAL APPLICATION

You have been denied financial assistance for not meeting the requirements of The Victoria College Satisfactory Academic Progress Guidelines. You received aid while in warning status and failed to meet the Satisfactory Academic Progress Policy for a 2nd semester.

If this application is INCOMPLETE, it will not be reviewed.

Student Name: ____________________________________
VC Student ID: _____________________________
Telephone: (___)__________________________________
E-mail:________________________________ ____________
Currently Enrolled: YES NO (Circle one) Semester Appealing for: Fall Spring Summer (Circle one)

Required: Attach the following documents for all appeals:

1. FAFSA (https://studentaid.gov/h/apply-for-aid/fafsa) (Student Aid Report – print the comment section only)
2. Federal Aid History (studentaid.gov/aid-summary) Aid Summary (submit printout)
3. ALL unofficial college transcripts (Pirate Portal)

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

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<tr>
<th>Topic</th>
<th>Description</th>
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<tr>
<td>Cumulative G.P.A. (excluding developmental courses) below 2.0</td>
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<tr>
<td>Unsatisfactory completion of hours (67%) or Pace (including developmental courses)</td>
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<td>Hours in excess of 150% of degree/certificate requirements</td>
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<td>Bachelor’s degree earned</td>
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For students appealing for the ADN, LVN, or PTA programs ONLY: Have you received a formal acceptance letter from the ADN, LVN, or PTA program? Yes No

If yes, which one? __________________________________ (please attach copy of acceptance letter)

If no, a copy of your formal acceptance letter is required before your appeal will be accepted by the Financial Aid Department. 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.):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

The 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 posted to your Pirate Portal status tab by the Wednesday after the meeting and a letter sent to your college email address.
Please explain what has changed in your situation that will allow you to make SAP:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I understand that an email will be sent to my Pirate Portal email address to notify me of the Committee’s decision: _________ (initial here)

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

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 here)

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

**I understand that decisions are made on a case-by-case basis. I have read the Satisfactory Academic Progress Guidelines. If approved, I will be expected to make academic progress in the semester for which my appeal has been approved. I understand my file may require further review before I can receive financial aid funds.**

Student Signature _______________________ Date _________________

**Required: Confirmation of Financial Aid Appeal Meeting. Please meet with an Academic Advisor to obtain the meeting confirmation form.**

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