

2014-2015

Academic Appeal for Reinstatement of Financial Aid - 150% Rule

Office use only: Date received_____Staff Initials___

Student Financial Services – RM E118 1825 N Bluemound Dr/ PO BOX 2277 Appleton WI 54912 Ph: (920) 735-5650 * Fax (920) 735-5763

Email: financialaid@fvtc.edu

Name:	
ID# Ph	one #
E-mail:	
Per federal regulations, FVTC is required to monitor all credits attempted. Students who attempted more than 150% of the number of credits required for graduation are subject to Financial Aid Suspension.	
You have the right to appeal the loss of financial aid due to exceeding the 150% Rule policy because of extenuating circumstances. The following are the steps to appeal:	
Please explain in writing the reason(s) why y letter any pertinent documentation, includir program and your anticipated graduation da	ng a list of the courses needed to complete your
Submit this form and all documentation to Financial Aid, Rm. E118, or mail to FVTC, PO Box 2277, Appleton, WI 54912.	
I certify that the information provided on this form and in my written statement and attached documents are true and accurate. If this appeal is approved, I understand that I must take only those classes listed by my counselor as required by my program and not yet completed, and I must successfully complete all classes attempted.	
Student's Signature Date	
You will be notified when the results of this petition have been evaluated by the Financial Aid Director. The decision of the financial aid office in reference to this petition is final.	