

2014-2015

Financial Aid Satisfactory Academic Progress Appeal

Student Financial Services – RM E118
1825 N Bluemound Dr/ PO BOX 2277
Appleton WI 54912
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Email: financialaid@fvtc.edu

Name: _____ ID# _____

Phone # _____ E-mail: _____

You have the right to appeal the loss of financial aid due to not meeting the satisfactory academic progress policy. The U.S. Department of Education regulations state that a student must meet one of the following criteria to appeal suspension from financial aid:

- Death of an immediate relative of the student**
- Injury or illness of the student**
- Other circumstances that result in undue hardship to the student**

The following items are required to appeal. Please provide the following:

- ✓ **Written Personal Statement**
 - Explain the circumstances which caused you to not meet the required Financial Aid Satisfactory Academic Progress standards (www.fvtc.edu/finaid/fasappolicy).
 - Explain what steps you have taken to remedy the circumstances that prevented you from maintaining satisfactory progress.
 - Describe what FVTC resources you have used to help you maintain satisfactory academic progress (academic advising, tutoring, etc.).
 - Describe your plan for the future to ensure that you will meet the standards.
- ✓ **Additional Documentation**
 - See the back side of this form for examples of acceptable types of third-party documentation that will be used to substantiate the basis of the appeal.

Please note: Upon completion of the initial review, you may be required to set up an appointment with your program counselor to complete an *Academic Success Plan*. You will be notified if this becomes a requirement.

I certify that the information provided on this form, in my written statement and in the 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

Appeals received within 30 days of notification will be reviewed within 15 business days of receipt of all required documentation. If submitted after the 30 day deadline, the student will not be eligible for aid during the term of submission, and the appeal will not be reviewed until that term has ended. The results of your appeal will be emailed to your email address, or if not available, mailed to the address on your FVTC account.

Office use only: Date received _____ Staff Initials _____

SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

Circumstance		Documentation (please provide at least one of the following)
Work Related	Required overtime, required schedule change	*Letter from employer including effective date(s) and whether the increase in hours was mandatory
	Reduced hours resulting in increased childcare need, layoff, job loss	*Letter from employer *Separation letter *Unemployment documentation
Medical Condition (Any letter(s) should state the nature of your illness/injury, the date(s) of occurrence, and that you are able to return to school.)	Serious illness or change in health status	*Letter stating doctor advised period of home rest *Record of doctor visits
	Surgery/Hospitalization	*Letter stating doctor advised period of recovery *Record of doctor visits *Hospitalization records *Copies of medical bills documenting illness/injury
	Mental Health Issue	*Letter from doctor, therapist or counselor
	Dental Emergency	*Record of dental visits *Letter from dentist *Letter stating dentist advised period of recovery
Student's Children	Child's Medical Condition	*Records from daycare/school that child was required to be kept home (include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future) *Records from doctor visits *Letter stating doctor advised period of recovery *Hospitalization records
	Daycare Issue	*Letter from former daycare provider *Letter from new daycare provider
Additional Circumstances	Death of a Loved One	*Obituary *Funeral program *Death certificate *Letter from counselor *Documentation should include date and indicate relationship to the deceased
	Eviction	*Eviction notice *Letter from transitional housing program
	Assault/Domestic Abuse	*Police report *Court documentation *Letter from clergy, social worker, counselor, doctor

Providing documentation does not guarantee that an appeal will be approved.