

## 2025-26 Appeal for Reinstatement of Financial Aid-150% Rule

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277 Fax: 920-735-5763 financialaid@fvtc.edu <u>www.fvtc.edu/finaid</u> Phone: 920-735-5650

Federal regulations require all financial aid students to complete their degree within 150% of the credits required for their program of study. A student will become ineligible for financial aid upon exceeding the 150% maximum timeframe and may appeal for reinstatement due to an extenuating circumstance. Appeals will be reviewed within 15 business days of receipt of all required documentation. An incomplete FAFSA or missing documentation will delay the appeal process. **Results will be sent to the student's FVTC e-mail.** Please review our complete Satisfactory Academic Progress (SAP) policy at <u>www.fvtc.edu/finaid/fasappolicy.</u>

## Step 1: Student information

Last Name

FVTC Student ID Number

Phone Number

Anticipated Graduation Date

Program of Study

Step 2: Attach the Following:

Personal Statement. Attach a typed and signed detailed statement explaining the reason(s) why you exceeded the 150% Rule limit. If you have already graduated from a program, explain why you are not seeking employment with that degree(s) and how your current program will help you to become gainfully employed.

## Step 3: Complete Academic Advisor Check-in

First Name

This critical check-in will help you reach your educational goal with a clear path to your graduation. Please connect with your Academic Advisor. If you do not know your Academic Advisor, contact the Counseling & Advising Office at (920)735-5696 or stop in Room E121 on the Appleton Campus or Room 101 on the Oshkosh Campus. Please ensure your Advisor submits verification of your check-in to the Financial Aid office. Date of Check-In: \_\_\_\_\_

## **Step: 4 Student Certification**

I understand that decisions on appeals are processed on a case-by-case basis and do not guarantee reinstatement of aid eligibility. I will provide additional information as requested by FVTC Student Financial Services. If denied, I understand that I must obtain alternate payment options. If approved, I understand that <u>only those courses listed</u> in my attached Academic Advisement Report will be funded.

By signing below, I have read and understand all the information on this form and FVTC's SAP policy. I further certify that to the best of my knowledge, all the information and supporting documentation with my appeal is accurate and verifiable.

Student's Signature

Date