



Moorpark College Financial Aid Office

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FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL

☐ FALL _____ ☐ SPRING _____ ☐ SUMMER _____

First Name _____ Last Name: _____ Student ID: _____

INSTRUCTIONS

1. **NEW!!! Complete SAP Appeal Counseling Session: "The Essentials to Understanding Satisfactory Academic Progress (SAP) and what it means to you" at: <https://moorparkcollege.get-counseling.com/>**
2. **You must complete SAP Appeal Counseling prior to scheduling your academic counseling appointment.**
3. **Print and attach the SAP Appeal Counseling Certificate of Completion when submitting this packet.**
4. Complete this form and please attach a **signed appeal letter, a Student Educational Plan (SEP) signed by the Academic Counselor and any supporting documentation. Submit to the Financial Aid Office.**
5. In your appeal letter, provide a detailed explanation of **each semester** you failed to make satisfactory academic progress (**II. Explanation of Circumstances**). Your explanation should address the **extenuating circumstances** (circumstances that were beyond your control) which contributed to your inability to maintain satisfactory academic progress. Do not include statements based on financial need. Financial need is already assumed.
6. In your appeal letter, provide a detailed explanation of the steps you have taken to alleviate the obstacles discussed in the explanation of circumstances (**III. Resolution of Circumstances**).
7. If you have reached maximum timeframe, provide a detailed explanation why you have exceeded units and why you need more time to complete your academic goal.
8. Meet with an academic counselor for **Student Educational Plan (SEP). Academic Information to be completed and signed by an academic counselor only.**
9. Attach all documents supporting your explanation and/or resolution to this appeal. (Examples of supporting documentation include doctor's note, divorce decree, police report, medical information related to an illness, obituary for a death of family member and birth certificate.)

APPEAL PROCESS

The Financial Aid Appeals Committee reviews appeals in the order they are received. This process may take from 4 to 6 weeks during peak processing. You will be notified of the committee's decision by e-mail.

APPEAL DEADLINES:

December 7, 2017-Fall Appeal

April 25, 2018-Spring Appeal

July 19, 2018-Summer Appeal

I. REASON FOR FINANCIAL AID SUSPENSION

Students are required to:

- Maintain a 2.00 GPA **AND** complete 70% of all attempted coursework.
- Complete their program within the maximum timeframe*(150% of the published program length or associate/transfer degree-seekers – 90 units). *Certificate programs' length vary.
- Maintain a 2.00 GPA **AND** complete 100% of all attempted coursework if you are on probation from a prior appeal.



To calculate your SAP standing, follow the directions below:

1. Login to your MYVCCCD portal.
2. In the “MyCollege” tab, click on the link inside the “My Student Records” box titled “Unofficial Academic Transcript”.
3. Scroll to the bottom of the page in the “TRANSCRIPT TOTALS” section, divide the “Earned Hours” by the “Attempt Hours” for your completion rate. *Example: 45 earned ÷ 65 attempted = 69%.* Write the answer as a percentage here: _____
4. While staying in the “Transcript Totals” section, write down the GPA listed in the “GPA” section: _____
5. Not sure if you exceeded the maximum timeframe? Write down the number of units listed under “Attempt Hours:” _____
6. If, after following the directions above, you are still unsure why you are suspended, please contact the Financial Aid Office.

II. EXPLANATION OF CIRCUMSTANCES – Based on the information in Section I, please check the box for each reason you are appealing.

- ☐ I failed to complete 70% of all units attempted and/or maintain a cumulative 2.00 GPA.
- ☐ I failed terms of financial aid probation or changed my approved program of study.
- ☐ I have exceeded maximum time frame or 150% of the program length for my educational goal.

III. RESOLUTION OF CIRCUMSTANCES

Type a letter, which you will attach, describing the steps that you have taken to resolve or improve the circumstance(s) in Section II (which may include meetings with instructors and counselors, tutoring, testing, reducing unit load, time management, EOPS, Access/EAC, CalWORKs programs, etc.) **Emphasize what will be different in your situation to ensure success for the current and future semesters. If your appeal is not approved, what is your plan for staying in college this semester?**

If you are appealing because of maximum time frame, explain why you need more time to complete your goal.

By submitting this appeal, I certify that all of the information reported on this appeal is complete and correct and I agree to the terms of the VCCCD SAP policy. If I purposely give false or misleading information on this appeal, I may be fined, be sentenced to jail, or both.

Review the following before submitting to our office.

- ☐ I have attached my letter to this form.
- ☐ I have attached my supporting documentation to this form.
- ☐ I have attached my Student Educational Plan (AA/AS, DegreeWorks audits, or Transfer check sheets) that were completed by an academic counselor at my Primary College.
- ☐ Sap Counseling Certificate

Student's Signature _____ **Date** _____



TO BE COMPLETED BY AN **ACADEMIC COUNSELOR ONLY**

Student's Name: _____ ID: _____

Has an approved DegreeWorks planned been developed by an academic counselor? ☐ Yes ☐ No

If no, please develop a Student Educational Plan on DegreeWorks and only include coursework the student needs to meet his/her educational objective listed below. Coursework not required will not be considered for funding. Please attach ALL appropriate check sheets (AA/AS, Transfer, Prep Course work, IGETC, DegreeWorks audits, and/or Certificate check sheets).

Student's Program of Study (program must be offered by the Primary College)*: _____

*Program of Study must match the program listed on the student's portal.

Student's Goal: ☐ AA/AS/ADT ☐ Certificate of Achievement ☐ Transfer to _____
(List School)

Has the student attended colleges outside of Ventura County Community College District? ☐ Yes ☐ No

If yes, please list college(s):

Have official academic transcripts from the above college(s) been evaluated by VCCCD? ☐ Yes ☐ No

Notes:

I certify that I have met with the student listed above and evaluated any prior coursework (including transfer credits if requested) and have established a Student Educational Plan (AA/AS, Transfer, Prep Course work, or Certificate check sheets) for the student on DegreeWorks.

Counselor's Name: _____

Counselor's Signature: _____ Date: _____