

VENTURA COLLEGE

SET YOUR COURSE

FINANCIAL AID OFFICE

4667 TELEGRAPH ROAD, VENTURA, CA 93003 PHONE: (805) 289-6369

www.venturacollege.edu/finaid

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL – 2nd Level

FALL 2016 SPRING 2017 SUMMER 2017

Name: _____

Student ID: _____

The Second Level SAP Appeal is for students who:

- were denied a SAP Appeal or Appeal to Extend during the current term and,
- are providing additional justification and/or supporting documentation not originally included in the SAP Appeal or Appeal to Extend

Second level appeals are reviewed on a case-by-case basis. This process may take up to 3 weeks to complete from the date submitted. You will receive notification outlining the decision of your appeal.

Instructions: Please complete this form by answering the questions listed below and providing all appropriate documentation to support your appeal. *Please attach separate sheet(s) if additional space is needed.* First level appeals will be included with this request. Incomplete appeals will delay the second level appeal process.

APPEAL DEADLINES

Fall 2016: November 15, 2016

Spring 2017: April 11, 2017

Summer 2017: July 11, 2017

1. Do you have any additional information/justification that was NOT included in your first appeal? Yes No

If yes, please explain in the space provided below.

2. Are you attaching any additional support documentation that was NOT included in your first appeal? Yes No

READ AND INITIAL EACH ITEM BELOW:

_____ I understand that by submitting this appeal form, approval is not guaranteed.

_____ I understand that, if approved, this appeal does not guarantee approval for Federal Direct Student Loans.

_____ I understand that if my Board of Governor's Fee Waiver (BOGW) has been revoked, this appeal will not reinstate it. A separate appeal will need to be submitted for BOGW reinstatement.

_____ I certify the information contained in this appeal form, supporting documentation, and statements of circumstances are accurate and complete to the best of my knowledge.

_____ I have completed a Student Educational Plan (SEP) with an academic counselor at Ventura College.

_____ I understand any false information will be cause for denial, reduction, and/or repayment of financial aid.

Signature: _____

Date: _____