

## FINANCIAL AID OFFICE

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

[www.venturacollege.edu/finaid](http://www.venturacollege.edu/finaid)

### Appeal Deadlines 1<sup>st</sup> Level

Fall 2014: **October 23, 2014**

Spring 2015: **March 26, 2015**

Summer 2015: **June 30, 2015**

Appeals received after the deadline will not be processed.

## Financial Aid Satisfactory Academic Progress (SAP) Appeal

☐ Fall 2014    ☐ Spring 2015    ☐ Summer 2015

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**Purpose:** This appeal is for students who are not meeting Satisfactory Academic Progress (SAP) Standards.

**Requirements:** You must submit your complete appeal to the Financial Aid Office within the semester you are requesting aid by the deadlines listed above. Complete appeals will be reviewed based on the date the appeal is received. Incomplete appeals may automatically be denied. Submission of an appeal does not guarantee approval; therefore, it is recommended you plan ahead for alternative ways to fund your education. ***Federal regulations do not permit retroactive payment for a prior term for students who have not made academic progress and later reinstate through the appeal process after the term has ended.***

### I am not meeting SAP standards for the following reasons (check all that apply):

- ☐ I did not maintain a cumulative GPA of 2.00.
- ☐ I am not completing 70% of my attempted units.
- ☐ I exceeded the maximum units allowed for my educational goal which is 150% of the program length.
- ☐ I have failed the terms of my Probation.
- ☐ I have changed my program of study.

### Explanation of Circumstances:

Please provide an explanation (in legible ink or typed) to the questions below and attach a separate sheet, if needed.

**Your explanation should not include statements based on financial need. Financial need is already assumed.**

- a) **Why have you failed to complete 70% of all units attempted and/or maintain a cumulative 2.00 GPA? (You must address ALL unsuccessful semesters). If you failed the terms of your Probation or changed your program of study, please explain.**

☐ If this does not apply, please check the box.

- b) If you have exceeded 150% of your educational goal, please explain why you have not completed your program within the maximum units allowed. If you have a Bachelor's degree or higher, please explain why you are enrolled at a community college and the purpose of returning to a two year or certificate program.

☐ If this does not apply, please check the box.

### Resolution of Circumstances: (Required)

What has changed or what steps have you taken that will allow you to make Satisfactory Academic Progress this semester and future semesters? If you are appealing because of Maximum Time Frame, please also explain why you need additional time to complete your goal.

### Appeal Process:

Appeals are reviewed by the Appeals Review Group based on the order in which they are received. During peak processing periods (July-September and December-February), the review process may take 4 to 6 weeks or longer. You will be notified by mail and your MyVCCCD portal of the appeal decision.

**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 and initial before submitting to our office.**

- \_\_\_\_\_ I have completed the Explanation and Resolution of Circumstances sections of this appeal.
- \_\_\_\_\_ I have attached supporting documentation from objective third parties (letters from doctors, counselors, divorce decree, medical information, etc.)
- \_\_\_\_\_ I have attached my Student Educational Plan (AA/AS, DegreeWorks audits, or Transfer check sheets) that were completed by an academic counselor at Ventura College.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ID #: \_\_\_\_\_

1. Please check one of the following boxes regarding the Student Educational Plan (SEP):

- ☐ An approved DegreeWorks SEP has been developed by an academic counselor and is available electronically.
- ☐ Attached is an approved SEP developed by an academic counselor.

**Note:** The approved SEP should 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).

2. Student's Program of Study at Ventura College: \_\_\_\_\_

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

3. Student's Goal: ☐ AA/AS/ADT ☐ Certificate of Achievement ☐ Transfer to \_\_\_\_\_  
(List School)

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

If yes, please list college(s):

\_\_\_\_\_  
\_\_\_\_\_

5. 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: \_\_\_\_\_