

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

Financial Aid Satisfactory Academic Progress (SAP) Appeal

FALL _____ SPRING _____ SUMMER _____

Name: _____ ID: _____

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

Requirements: You must submit your appeal to the Financial Aid Office within the semester you are requesting aid. Deadline dates vary.

To appeal:

- Complete this form and submit it to the Financial Aid Office.
- Submit a letter (preferably typewritten), along with acceptable documentation explaining your circumstances.
- Incomplete appeals (those with no explanation and/or no educational plan attached) will be automatically denied.
- Refer to the directions below.

Your letter MUST include the following information:

1. **Explanation of Circumstances:** Please be specific when explaining the reason(s) you are appealing, (For example, how were the circumstances beyond your control or why you have exceeded the Maximum Timeframe for your goal?) Explain your academic history.
2. **Supporting documentation:** Along with your Academic Plan, attach copies of letters from doctors, counselors, divorce decree, medical information related to illness, death of family member, birth of child, etc.
3. **Resolution of Circumstances:** Please explain how your circumstances have changed and/or what steps you have taken to alleviate any obstacles. Indicate methods you have taken to improve your circumstances (i.e. meetings with your academic counselor, tutoring, testing, reducing unit load, etc.). If you are appealing because of Maximum Timeframe, please explain why you need additional time to complete your goal.

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.
- ☐ The back of this form was completed by an academic counselor at my Primary College.

By submitting this appeal, I certify that the information is accurate and truthful and I agree to the terms of the VCCCD SAP policy. My signature certifies that I understand that if offered financial aid, I must comply with all requests and regulations.

Student Signature: _____ **Date:** _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT



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TO BE COMPLETED BY AN ACADEMIC COUNSELOR

COUNSELOR: Please complete the information below. Only include coursework the student needs to meet their **educational objective**. Only coursework outlined on this form will be considered for funding.

Please attach all appropriate check sheets. (AA/AS, Transfer, Prep Course work, IGETC and/or Certificate check sheets)

MAJOR: _____

Goal: ☐ Cert ☐ AA/AS ☐ Transfer (List School) _____

Term: _____	
Courses	Units

Term: _____	

Term: _____	
Courses	Units

Term: _____	
Courses	Units

Term: _____	
Courses	Units

Term: _____	
Courses	Units

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

Counselor's Signature _____ Date _____

FOR OFFICE USE ONLY

☐ Fall ☐ Spring ☐ Summer ☐ Approved Probation ☐ Delayed ☐ Denied
