

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.

To appeal:

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

Important: If you have attended colleges outside of Ventura County Community College District, we recommend you request your official academic transcripts from those colleges and have them sent and evaluated by the Admissions and Records Office at your primary college.

Your letter MUST include the following information:

- 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.
- 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. that supports your reason(s).
- 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.

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 or Transfer check sheets) that were completed by an academic counselor at my Primary College.

Student's Signature _____ Date _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT



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TO BE COMPLETED BY AN ACADEMIC COUNSELOR

Student's Name: _____ ID: _____

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

Student's Goal: ☐ AA/AS ☐ 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

Please develop an academic plan based on the program of study listed above. **Only include coursework the student needs to meet his/her educational objective at this school.** Coursework not required will not be considered for funding. Please attach **ALL** appropriate check sheets (AA/AS, Transfer, Prep Course work, IGETC and/or Certificate check sheets).

Current Term: _____	
Courses	Units

Term: _____	
Courses	Units

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 Name _____

Counselor's Signature _____

Date _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

