



VENTURA COLLEGE FINANCIAL AID OFFICE
4667 TELEGRAPH ROAD, VENTURA, CA 93003
www.venturacollege.edu

2nd Level Appeal Deadlines
Fall: November 6, 2014
Spring: April 9, 2015
Summer: TBD
Appeals must be submitted before the deadline to be reviewed.

2014-2015
Satisfactory Academic Progress (SAP) Appeal
2nd Level Review

FALL _____ SPRING _____ SUMMER _____

Name: _____ ID: _____

Purpose: This appeal is for students who are requesting a review of their Financial Aid Satisfactory Academic Progress (SAP) Appeal by the Dean of Student Services.

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

Appeal Instructions:

- Complete this form and submit it to the Financial Aid Office.
Submit a signed letter (preferably typewritten), along with acceptable documentation explaining your circumstances.
Incomplete appeals (those with no explanation and/or no supporting documentation) may be automatically denied.
Submission of an appeal does not guarantee approval. It is recommended you plan ahead for alternative ways to fund your education. You will receive a letter in the mail once a decision is made.

Your letter MUST include the following information:

- Reason for Requesting Review: Please explain the reason you are requesting a review of your SAP appeal by the Dean of Student Services. You MUST provide additional facts not addressed in the first appeal.
Supporting documentation: I am providing additional documentation:
[] Serious illness or incapacity due to accident as evidenced by a physician's letter.
[] Death, serious illness, or incapacity due to accident of a member of immediate family as evidenced by death certificate, letter from physician.
[] Other extreme emergency or catastrophic event such as natural disasters
[] Medical/Psychological trauma of the student as evidenced by a physician's letter
[] Military orders to report
[] Other documentation: _____

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.

Student's Signature _____ Date _____

