MOORPARK • OXNARD • VENTURA

FINANCIAL AID OFFICE

Financial Aid Satisfactory Academic Progress (SAP) Appeal

FALL _____ SPRING _____ SUMMER _____

First Name: _____ Last Name: _____ Student ID: _____

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

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.***

I am not meeting SAP because:
(select all that apply)

- ☐ I did not maintain a cumulative GPA of 2.0.
- ☐ 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.

Appeal Instructions:

- 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.
- Complete appeals will be reviewed based on the date the complete appeal is received.
- Submission of an appeal does not guarantee approval. It is recommended you plan ahead for alternative ways to fund your education.
- 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:

a. **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.

b. **Supporting documentation:** Along with your Student Educational Plan (SEP), 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).

c. **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.

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

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Supplemental Appeal Questions:

1. **Do you work during the school year?**

   ☐ Yes ☐ No If yes, how many hours per week? _____

2. **Do you, or will you, have your books and supplies at the beginning of the semester?**

   ☐ Yes ☐ No If No, explain how you will be prepared for your courses.

   _____

   _____

3. **For this appeal, are you currently enrolled only in classes listed on your approved Student Educational Plan?**

   ☐ Yes ☐ No If No, explain why.

   _____

   _____

4. **Have you taken the Assessment Test for math and/or English?**

   ☐ Yes ☐ No If No, when do you plan to do so?

   _____

   _____

5. **Do you belong to any educational support services such as EOPS, EAC/DSPS/Access, CalWORKs?**

   ☐ Yes ☐ No

6. **If your appeal is not approved, what is your plan for staying in college this semester?**

   _____

   _____

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

Student's Signature _____ Date _____

Student's Last Name: _____ Student ID: _____

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TO BE COMPLETED BY AN ACADEMIC COUNSELOR ONLY

First Name: _____ Last Name: _____ Student 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 DegreeWorks SEP developed by an academic counselor.**

   ☐ **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 (program must be offered by the Primary 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:** _____

Student's Last Name: _____ Student ID: _____