



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

3rd Level Appeal Deadlines

Fall: **November 20, 2014**

Spring: **April 23, 2015**

Summer: **TBD**

Appeals must be submitted before the deadline to be reviewed.

2014-2015
Satisfactory Academic Progress (SAP) Appeal
3rd 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 Executive Vice President of Student Learning.

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 Executive Vice President of Student Learning. 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 _____

