Satisfactory Academic Progress Appeal Form
2026-2027

Name: _____ **Student ID:** _____ (**Required**)

Phone Number: (_____) _____-_____

Please check the category that applies to you and follow the instructions for that category.

___ (1) **Death in the Immediate Family**. Immediate family means parents, spouse, brother, sister, and dependent child. *Attach a photocopy of the death certificate and complete the following information:*
Name of deceased _____
Relationship to you _____

___ (2) **Illness/Injury/Medical Condition**. You (the student), your spouse, or your dependent children were injured or ill for an extended period of time. *Attach a copy of the statement from your physician and complete the following information:*
Nature of illness/injury/medical condition _____
Dates of illness/injury/medical condition _____

___ (3) **Better Grades**. **After** the loss of financial aid eligibility, I have completed 6 or more semester credits at VHCC without any additional W, X, F, U, I, R, or missing grades and received at least a 2.0 GPA.

___ (4) **Completed fewer than 67% of credits that you have attempted**. Attach a document explaining unusual circumstances regarding non-completion of hours attempted.

___ (5) **Exceeded 150% Time Frame for completing degree**. Attach documents and an Academic Progress Plan explaining unusual circumstances regarding non-completion of the degree and a list of classes required to complete the current degree.

___ (6) **Other.** Appeals that will be considered are those that involve abuse, arrest, incarceration, or other unexpected circumstances beyond the control of the applicant. ***Complete documentation must be attached***.

Please explain your specific circumstances, in detail, on the reverse side of this form.

No appeal will be approved unless documentation is attached that supports this appeal. Print your name and VHCC Student ID number on all attachments. If documentation is not attached, you must make an appointment with the Financial Aid Representative. If this appeal is approved and your financial aid is reinstated, it will not be retroactive to any term when these standards were not met. If approved, you must maintain satisfactory academic progress from reinstatement. Submitting the SAP appeal without meeting with a Financial Aid Representative will result in your SAP appeal being denied.

By signing this form, I certify that the information on this form is truthful and accurate.

Signature: _____ **Date:** _____

VHCC Financial Aid Office Use Only

Approved: _____ Disapproved: _____ Date: _____

Requirements: _____

Revised 03/2024

What happened? Why did the event(s) cause you to be unable to maintain satisfactory academic progress?

What has changed? What steps have you taken, or will you take, to achieve and maintain satisfactory academic progress?

Signature: _____ Date: _____

Revised 03/2024