

2024-25 Financial Aid Satisfactory Academic Progress Appeal

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277 Fax: 920-735-5763 financialaid@fvtc.edu www.fvtc.edu/finaid Phone: 920-735-5650

Appleton, WI 54912-2277 Phone: 920-735-5650 Last Name First Name MI FVTC Student ID Number Phone Number Federal regulations require students to maintain Satisfactory Academic Progress (SAP) to be financial aid eligible. Students whose financial aid has been suspended for not meeting SAP may appeal for reinstatement due to an extenuating circumstance. Please review our complete SAP policy at www.fvtc.edu/finaid/fasappolicy . An extenuating circumstance. Please review our complete SAP policy at www.fvtc.edu/finaid/fasappolicy . An extenuating circumstance is an uncontrollade family member, death of the student's relative, a traumatic event, and other circumstances that adversely affected a student's academic performance. The following are examples that would not qualify as an extenuating circumstance: transportation issues, roommate conflicts, incompatibility with faculty, difficult course load, dislike of a course, change of program of study and failure to drop classes prior to start date. Step One: Indicate Your Extenuating Circumstance Serious Injury or illness of the student or Immediate Family Member Death of a relative Other:	PO Box 2277	4040 0077			www.fvtc.edu/finaid
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Student's Signature Date	Student's Signs	ature			

SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

	Circumstance	Documentation (all letters should be on letterhead with a signature). Please provide at least one of the following:	
Work Related	Required overtime, required schedule change	*Letter from employer including effective date(s) and whether the increase in hours was mandatory	
	Reduced hours resulting in increased childcare need, layoff, job loss	*Letter from employer *Separation letter *Unemployment documentation	
Medical Condition	Serious illness or change in health status	*Letter stating doctor advised period of home rest *Record of doctor visits	
(Any letter(s) should state the nature of your illness/injury, the date(s) of occurrence, and that you are able to return	Surgery/Hospitalization	*Letter stating doctor advised period of recovery *Record of doctor visits *Hospitalization records *Copies of medical bills documenting illness/injury	
to school.)	Mental Health Issue	*Letter from doctor, therapist or counselor	
	Dental Emergency	*Record of dental visits *Letter from dentist *Letter stating dentist advised period of recovery	
Student's Children	Child's Medical Condition	*Records from daycare/school that child was required to be kept home (include in appeal the reasons that alternative care was not available and what the plan is if this should occur in the future) *Records from doctor visits *Letter stating doctor advised period of recovery *Hospitalization records	
	Daycare Issue	*Letter from former daycare provider *Letter from new daycare provider	
Additional Circumstances	Death of a Loved One	*Obituary *Funeral program *Letter from counselor *Documentation should include date and indicate relationship to the deceased	
	Eviction	*Eviction notice *Letter from transitional housing program	
	Assault/Domestic Abuse	*Police report *Court documentation *Letter from clergy, social worker, counselor, doctor	