



2020-21 Appeal for Reinstatement of Financial Aid-150% Rule

Student Financial Services
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Appleton, WI 54912-2277

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Federal regulations require all financial aid students to complete their degree within 150% of the credits required for their program of study. A student will become ineligible for financial aid upon exceeding the 150% maximum timeframe and may appeal for reinstatement due to an extenuating circumstance. Appeals will be reviewed within 15 business days of receipt of all required documentation. An incomplete FAFSA or missing documentation will delay the appeal process. **Results will be sent to the student's FVTC e-mail.** Please review our complete Satisfactory Academic Progress (SAP) policy at www.fvtc.edu/finaid/fasappolicy.

Step 1: Student information

Last Name	First Name	MI	FVTC Student ID Number	Phone Number
Program of Study			Anticipated Graduation Date	

Step 2: Attachments

- Personal Statement.** Attach a typed and signed detailed statement explaining the reason(s) why you exceeded the 150% Rule limit. If you have already graduated from a program, explain why you are not seeking employment with that degree(s) and how your current program will help you to become gainfully employed.
- Academic Advisement Report.** Attach a copy of your Academic Advisement Report. Log into your My FVTC > Academic Progress > View Report as PDF
- Academic Success Plan.** Complete an Academic Success Plan with your Academic Advisor or Counselor and attach a copy. To schedule an appointment, stop at the Appleton Campus in room E121 or call the Counseling Center at (920) 735-5696. For the Oshkosh Campus, stop in Room 101 or call (920) 233-9191.

Step 3: Complete a Financial Wellness Session (To be completed by the Financial Wellness Counselor)

To schedule an appointment, stop in room E123 at the Appleton Campus or call the Financial Wellness Center Appleton Campus (920) 735-4855 or Oshkosh Campus (920) 236-6186.

Financial Wellness Counselor Statement: By signing this form, I certify that I met with the student to complete a financial wellness session.

_____	_____	_____
Financial Wellness Counselor Name (PRINT)	Financial Wellness Counselor Signature	Date

Step 4: Student Certification

I understand that decisions on appeals are processed on a case-by-case basis and do not guarantee reinstatement of aid eligibility. I will provide additional information as requested by FVTC Student Financial Services. If denied, I understand that I must obtain alternate payment options. If approved, I understand that only those courses listed in my attached Academic Advisement Report will be funded.

By signing below, I have read and understand all the information on this form and FVTC's SAP policy. I further certify that to the best of my knowledge, all the information and supporting documentation with my appeal is accurate and verifiable.

_____	_____
Student's Signature	Date

ELECTRONIC SIGNATURES NOT ACCEPTED

Office use only: Date Received: _____ Staff Initials: _____