



# 2020-21 Financial Aid Satisfactory Academic Progress Appeal

Student Financial Services  
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|           |            |       |                        |              |
|-----------|------------|-------|------------------------|--------------|
| _____     | _____      | _____ | _____                  | _____        |
| 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/financialaid/fasappolicy](http://www.fvtc.edu/financialaid/fasappolicy). **An extenuating circumstance is an uncontrollable event** such as: unexpected injury or illness of the student or immediate 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: \_\_\_\_\_

### Step Two: Submit a Typed, Signed Written Personal Statement to Include the Following:

- Explain the extenuating circumstance for each term in which you did not meet SAP.
- Describe the steps taken to remedy the circumstance that prevented you from maintaining SAP.
- Explain your plan of action to ensure future academic success.

### Step Three: Attach Supporting Documentation

Supporting documentation is required and must include date(s) of occurrence. Please see the back of this form for examples of documents based on the type of extenuating circumstance.

### Step Four: Review and Sign

The submission of this appeal does **not** guarantee reinstatement of aid eligibility. You are strongly advised to obtain alternate financial plans in the event your appeal is denied. If pre-approved, you may be required to set up an appointment with your program Advisor to complete an Academic Success Plan and/or meet with a Financial Wellness Counselor. **Only courses applicable to your financial aid eligible program(s) will be included in your credit load for financial aid purposes.** Appeals are evaluated on a case-by-case basis and will be reviewed within 15 business days of receipt of ALL required documentation. An incomplete FAFSA or missing documentation will delay the appeal process. The results of your appeal will be e-mailed to your FVTC e-mail.

I have read and understood all the criteria and requirements of the SAP appeal process. Further, I 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: \_\_\_\_\_

## SATISFACTORY ACADEMIC PROGRESS APPEAL DOCUMENTATION

| Circumstance  |   | Documentation (all letters should be on letterhead with a signature). Please provide at least one of the following:  |
|---|---|--|
| <b>Work Related</b>   | 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<br>* Separation letter<br>* Unemployment documentation  |
| <b>Medical Condition</b><br><br>(Any letter(s) should state the nature of your illness/injury, the date(s) of occurrence, and that you are able to return to school.) | Serious illness or change in health status                            | * Letter stating doctor advised period of home rest<br>* Record of doctor visits   |
|   | Surgery/Hospitalization   | * Letter stating doctor advised period of recovery<br>* Record of doctor visits<br>* Hospitalization records<br>* Copies of medical bills documenting illness/injury   |
|   | Mental Health Issue   | * Letter from doctor, therapist or counselor   |
|   | Dental Emergency  | * Record of dental visits<br>* Letter from dentist<br>* Letter stating dentist advised period of recovery  |
| <b>Student's Children</b>   | 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)<br>* Records from doctor visits<br>* Letter stating doctor advised period of recovery<br>* Hospitalization records |
|   | Daycare Issue   | * Letter from former daycare provider<br>* Letter from new daycare provider  |
| <b>Additional Circumstances</b>   | Death of a Loved One  | * Obituary<br>* Funeral program<br>* Letter from counselor<br>* Documentation should include date and indicate relationship to the deceased  |
|   | Eviction  | * Eviction notice<br>* Letter from transitional housing program  |
|   | Assault/Domestic Abuse  | * Police report<br>* Court documentation<br>* Letter from clergy, social worker, counselor, doctor   |