

SATISFACTORY ACADEMIC PROGRESS APPEAL FORM

Student Name: _____ **Student ID:** _____

Give a brief explanation on the circumstances that contributed to your lack of satisfactory academic progress (SAP) and how those circumstances have now changed to allow you to be able to achieve and maintain SAP.

Required Documentation to be Provided by Student

_____ My situation involves mitigating circumstances. I am appealing the SAP action that resulted in my ineligibility for financial aid. I have attached the following documentation as indicated

- ___1) Completed, signed SAP Appeal form.
- ___2) A written explanation as stated above or on another sheet that explains your situation and how it has affected you personally, steps you have taken to resolve your circumstance and an explanation of your ability to return to school and be successful.
- ___3) Complete the attached academic plan for the subsequent 3 semesters outlining the courses you will take each semester

- ___4) Letters from the following involved third parties (Optional)

Name	Title	Name	Title
___5) Other Documents (Optional) _____			

I understand that the Satisfactory Academic Progress committee will not review a SAP Appeal that is incomplete or lacks documentation. By signing this form I certify that the information I have provided is true and complete to the best of my knowledge. Furthermore, I realize that additional information may be requested by the Office of Financial Aid to further support my appeal.

If additional information is needed or once a final decision has been reached regarding my appeal for federal financial aid, I understand that I will be sent notification via my Vermont Tech email account only. Therefore, it is my responsibility to check my Vermont Tech email account frequently during this period. If corresponding through my Vermont Tech email account is a problem, I realize that it is my responsibility to contact the Financial Aid Office for further instructions. I understand that the Financial Aid Office will review my academic progress each semester and that my financial aid eligibility will be terminated if I am not meeting the College's Satisfactory Academic Standards for financial aid. If I do not adhere to the academic plan and am not progressing toward graduation requirements, I will be ineligible for financial aid.

Student's Signature: _____ **Date:** _____

For office use only:
_____ Approved _____ Denied Reason for decision: _____
Comments: _____
Reviewed by: _____ Date: _____



Return completed form to:
 Vermont Technical College
 Financial Aid Office
 PO BOX 500
 Randolph Center, VT 05061
 Phone: 802-965-8790 Fax: 802-728-1436

Academic Plan for Reinstatement of Financial Aid

Complete this form and submit it along with your Satisfactory Academic Progress Appeal Form and supporting documentation to be considered for reinstatement of Financial Aid. This form must be signed by a Counselor from the Center for Academic Success, your Academic Advisor or the Associate Academic Dean.

Name _____ Student ID # _____
 Major _____

Anticipated Graduation Date _____ (must NOT be left blank)

Instructions: Complete for the next academic year including summer if applicable.

Courses for Fall	Courses for Spring

Courses for Summer

Additional plan requirements:

- Meet with a counselor in the Center for Academic Success on an agreed basis.
- Seek Tutoring where needed.
- Meet with your Academic Advisor.

BEFORE SUBMITTING FORM, MUST HAVE Signature from one of the options below:

- Counselor from Center for Academic Success _____ Date _____
 Print Name: _____
- Academic Advisor: _____ Date _____
 Print Name: _____ Department _____
- Associate Academic Dean: _____ Date _____

Comments _____

Student Signature _____ Date _____