



Satisfactory Academic Progress Appeal Form

Students may appeal the loss of their financial aid eligibility if it was caused by extenuating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of an immediate family member, or other unusual circumstances.

Once this appeal form has been completed, please submit it to the Financial Aid Office with all required supporting documentation. Appeals submitted without supporting documentation will be **denied**.

Section A: Student Information

Last Name, First Name, MI	Student ID#
Address	
City, State, Zip Code	Area Code and Phone Number

Please check the term you would like to utilize the appeal:
(Choose the next term you would like to attend)

- ☐ Summer 2025
- ☐ Fall 2025
- ☐ Spring 2026

Section B: Reason for Failure to meet Progress Standards

- ☐ Completion Rate
- ☐ Grade Point Average
- ☐ 150% Maximum Timeframe

This appeal is based on the situation(s) checked below:

- ☐ Personal illness or illness of an immediate family member. Please attach a statement from a family physician attesting to the medical condition.
- ☐ Death of an immediate family member. Relationship:
Please attach a copy of the obituary or the death certificate.
- ☐ Other unusual mitigating circumstances. Please provide a written explanation and supporting documentation (i.e. court records, police reports. Letter from counselor or other unbiased third party)

****Issues with instructor(s)/course(s), job conflicts, misuse of time management, transportation problems, or child care conflicts **DO NOT** constitute as unusual mitigating circumstances and will not be considered.**

Section C: Written Statement

Please provide a written explanation detailing the reasons you failed to make Satisfactory Academic Progress (SAP). In addition, you must state what changes in your circumstances have occurred and your plan of action going forward that will ensure that you will be able to meet our FASAP requirements in subsequent semesters if your appeal is approved. Please attach additional sheets if needed.

Check each item below to ensure that you have included all requirements in this appeal request:

- ☐ An explanation of the mitigating circumstances that had a direct impact on your inability to meet the required FASAP standards.
- ☐ Your plan of action that includes what has changed, what steps you have already taken, and what additional steps that you plan to take to be successful going forward.
- ☐ Supporting third party documentation to support the mitigating circumstances described.

Section D: By signing, you are indicating that you have read and understand the information below.

- I understand that the decisions on appeals are processed on a case-by-case basis.
- I have read the VWU FASAP policy and understand why I am not making satisfactory academic progress.
- I understand that appeals turned in without supporting documentation will be denied.

If approved, I will be expected to:

- Achieve at least a 2.0, for undergrads, or 3.0, for graduates cumulative grade point average by the end of my approved term.
- Successfully complete 100% of the course attempted during the approved term.
- Only enroll in courses required for my degree program.

Signature:

(Student)

Date: