



The Peninsula's Community College

2021-2022 SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

If you wish to appeal the loss of your eligibility, please complete this form and attach supporting documents.

Name: _____ Student ID #: _____

VCCS E-mail Address: _____

Deadlines for Appeals:

The last date to submit a SAP appeal is the last day to "add" a class for that semester. If you are enrolled in a combination of sessions (16-week, 8W1, 8W2, 5W1, 5W2, 5W3, etc.) within the semester, it is the last day to "add" for the longest session that you are enrolled in.

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. These circumstances include, but are not limited to, sudden illness of the student or an immediate family member, death of a family member, or other unusual circumstances. **Appeals submitted without supporting documents will be denied.**

Include in your TYPED appeal all of the following:

- 1. Describe why you became deficient, and what has changed in your situation that will allow you to make satisfactory progress at the next evaluation. Include your Student ID# and the date on your statement.
2. Describe how you plan to resolve the deficiency using the academic plan on page 2 of this form.
3. Provide appropriate documentation of the extenuating circumstances mentioned in your TYPED letter of appeal.

Certification - Signature and Date (read and initial each statement before signing below):

_____ I understand that submission of this appeal does not guarantee that my financial aid will be reinstated.

_____ I understand that this appeal may take 15 business days or longer to review.

_____ I understand that if my appeal is approved, I may have enrollment stipulations outlined in an Academic Plan that must be followed in order for me to remain eligible for federal student aid.

*If you are appealing regarding excessive credits (150%), you must also explain the factor(s) that caused you to exceed the maximum degree credit limit AND include a copy of your "My Advisement Report" from the MyTNCC portal.

Note: Job conflicts, transportation problems, or childcare conflicts DO NOT constitute unusual mitigating circumstances and will not be considered.

Student's Signature: _____ Date: _____

Program: _____

Expected Graduation Date (Month/Year): _____

Construct a plan of study for up to three semesters, beginning with the current semester (or your next planned period of enrollment if you are currently not enrolled). **List COURSE, COURSE NUMBER, and NUMBER OF CREDITS.** Include only credits for courses required to complete TNCC program. **If this section is left blank, it will be considered INCOMPLETE and the appeal will be DENIED.**

Semester	Year	Semester	Year	Semester	Year
Course & Number	Number of Credits	Course & Number	Number of Credits	Course & Number	Number of Credits

CERTIFICATION: “I certify that the information on this Satisfactory Academic Progress Appeal, my typed appeal and any supporting documentation are accurate, true and complete to the best of my knowledge. I will provide other information as requested by Thomas Nelson Financial Aid. I realize that a final decision may not be made on my Satisfactory Academic Progress Appeal until all steps above are complete and until I submit any additional documents if requested by Thomas Nelson Financial Aid. I understand any false information may be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.”

Student’s Signature: _____ Date: _____