

**VERNON COLLEGE**  
**Appeal of Financial Aid Suspension**

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Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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VC Student Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Semester Requesting Reinstatement: \_\_\_\_\_

As a condition of receiving financial aid from Vernon College, you are required to meet Satisfactory Academic Progress standards. You may appeal the denial of financial aid due to an unusual or extraordinary circumstance. If you believe you have special circumstances, please complete and return this form along with supporting documentation to the Vernon College Financial Aid Office. Your request will be reviewed and a determination made within 10 business days of submitting all requested documentation. Students whose appeal is denied may submit a second appeal in writing to the Vice President of Student Services. The second appeal should be submitted to the Financial Aid office who will, in turn, submit it to the Vice President. The Vice President's decision will be final and will be reported to student in writing within 10 business days after receipt of the second appeal.

PLEASE INDICATE REASON FOR APPEAL:

What specific issue or situation prohibited you from meeting the standards of Satisfactory Academic Progress (SAP)?

Serious injury or illness: \_\_\_\_\_

Death or serious illness of an immediate family member: \_\_\_\_\_

Other: \_\_\_\_\_

Medical: If a medical issue contributed to your failure to meet SAP, attach documentation from your medical professional and/or medical records pertaining to the noted injury or illness.

Death: If the death or illness of an immediate family member contributed to your failure to meet SAP, please attach appropriate copies of medical records, death certificate, obituary, etc.

Other Circumstances: Please state the extenuating circumstance (not listed above) and provide supporting documentation.

**Appeals submitted without supporting documentation will be denied. You may be referred to a Student Success Specialist for an academic plan.**

Utilize the space below to explain your extenuating circumstances in detail as to why you were not able to complete the minimum academic requirements and what has changed in your situation that would allow you to meet satisfactory academic progress at the next evaluation. (Attach a separate sheet if necessary)

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FINANCIAL AID OFFICE USE ONLY:

Date received: \_\_\_\_\_

Why was the student placed on Financial Aid Suspension?

- Financial Aid GPA below 2.0
- Pace of Completion below 67%
- Exceeded 150% Maximum Timeframe

Appeal Decision:

- Appeal Approved with Probation
- Appeal Approved with Academic Plan
- Appeal Denied

Date student referred to Student Success Specialist for an Academic Plan: \_\_\_\_\_

Date Academic Plan Received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Review Committee Member Signature: \_\_\_\_\_

Assistant Director of Financial Aid Signature: \_\_\_\_\_

Date Notification Mailed to Student: \_\_\_\_\_