

Appeal for Extension of Financial Aid

If you wish to appeal the loss of your eligibility for financial aid, please complete this form and attach supporting documents. **Incomplete forms will be rejected.**

Student's Name: _____ Empl ID#: _____

Program of Study: _____

I have completed a FAFSA for this year. Yes ☐ No ☐

This is my first appeal to have my financial aid reinstated. Yes ☐ No ☐

I would like my financial aid eligibility re-evaluated for the semester checked below:

☐ Fall 20 _____ ☐ Spring 20 _____ ☐ Summer 20 _____

Term	Priority Deadline	Final Deadline for Term
Summer 2025	May 16, 2025	June 13, 2025
Fall 2025	August 8, 2025	October 10, 2025
Spring 2026	January 9, 2026	March 13, 2026

If you submit an appeal after the deadline, it will automatically apply to the next semester.

Select the reason(s) for your appeal below and provide the additional information.

☐ I **previously completed** a program at **Virginia Western** and am pursuing another program at Virginia Western.

Name of program completed: _____

Graduation date: _____

Name of new program: _____

Expected Graduation date: _____

☐ I **previously completed** a program at another **college/university** and am now pursuing a program at Virginia Western.

Name of program completed at other college: _____

Name of College: _____

Graduation date: _____

Name of program at VWCC: _____

Expected Graduation Date: _____

☐ I have **not completed** a program at any college/university.

Expected graduation date: _____

☐ I also received notification I am failing the 67% and/or GPA Standard.

IMPORTANT: If you check this box, you must explain your circumstances and provide third party supporting documentation such as medical records, court documents, police records, a letter from an unbiased third party aware of your circumstances, etc.

Name _____ EMPLID: _____

Explain below why you have not successfully completed your current program of student at Virginia Western. Explain what circumstances have changed so that you will be successful. What corrective measures have you taken to achieve timely completion of your program? This section must be typed.

Your appeal will not be considered without your initials to show you have read and understand the following conditions.

- Appeals submitted without an Academic Progress Plan signed by an advisor will be denied. _____
- Handwritten appeals will be denied. _____
- Decisions on appeals are processed on a case-by-case basis. _____
- Appeal decisions will be communicated to students via Message Center in SIS. _____
- The decision is final and not subject to reconsideration by any party. _____
- If approved, I must read, complete, sign, and comply with the SAP Academic Plan. _____
- I may have to provide more information to the financial aid office to complete the processing of my aid application, even if this appeal is granted. _____
- It may take up to 10 business days to receive a response on this appeal. _____

Signature: _____ Date: _____

Ways to Submit:

- 1) Drop off in-person at the Financial Aid Office in Chapman Hall.
- 2) Submit via email to finaid@viriniawestern.edu

Name _____ EMPLID # _____

COMPLETION PLAN

List the classes you need to complete within the semester you plan to enroll. This page may be hand-written.

SUMMER 2025	FALL 2025	SPRING 2026
SUMMER 2026	FALL 2026	SPRING 2027
SUMMER 2027	FALL 2027	SPRING 2028

Advisor's Name:

ADDITIONAL COMMENTS:

Advisor's Signature:

Date: