



FINANCIAL AID APPEAL

Date: _____

Student Name: _____ V# _____

is requesting a Financial Aid Appeal for: Fall Spring Summer Year _____

Email Address: _____

Phone #: _____

Student is appealing due to the following reason(s):

_____ **Qualitative:** Cumulative Grade Point Average Requirement

_____ **Quantitative:** Pace – Measurable Progress Requirement (Completing & Passing 66.7%)

_____ **Maximum Time Frame (MTF)**

Documentation must be provided. Appeals will not be reviewed until all documentation has been received. Maximum Time Frame appeals may not be required to have documentation.

Documentation may be faxed to 615-230-3481, emailed to jenny.bartley@volstate.edu or penny.tucker@volstate.edu, or mailed to VSCC, Student Services, 1480 Nashville Pike, Gallatin, TN 37066-3188. Documentation may be hand delivered as well. The Vice President for Student Services' Office is located in Wood 217. For questions, please call our office at 615-230-3441.

For Office Use Only

_____ **APPROVED:** Fall _____ Spring _____ Summer _____

Hours Approved _____ PACE Plan _____ GPA Plan _____

_____ **DENIED**

Signature: _____
Financial Aid Appeal Committee Member

Date: _____

Date Student Notified: _____

Entered in Banner: _____ _____

Please provide an explanation of the circumstances which caused your past unsatisfactory performance.

Please state how the above issues have been corrected or list the steps you are currently taking to ensure that circumstance does not reoccur.

Maximum Time Frame – For Associates degree programs, students are allowed to receive Title IV financial aid up to the first 90 hours attempted. If you have attempted over 90 hours, please explain why.