



Wytheville Community College

Appeal for Reinstatement of Financial Aid

If you wish to appeal the loss of your eligibility for financial aid, please complete this form and attach supporting documents. **Appeals submitted without supporting documents will be rejected.** Once this appeal form has been completed, please print and deliver it to the financial aid office with appropriate documentation. You may also submit this form via e-mail as an attachment to askfinaid@wcc.vccs.edu.

Student's Name: _____ Phone: _____

Soc Sec #: _____ 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 2026 **Spring 2027** **Summer 2027**

	Priority Deadline	Final Deadline for term
Fall 2026	July 1, 2026	August 30, 2026
Spring 2027	November 1, 2026	January 23, 2027
Summer 2027	April 1, 2027	June 2, 2027

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

Reason for Appeal:

Students may appeal the loss of their financial aid eligibility if it was caused by unusual mitigating circumstances. This appeal is based on the situation(s) checked below:

- Personal illness or illness of an immediate family member. (Attach a statement from a family physician attesting to the medical condition.)
- Death of an immediate family member. (Attach a copy of the obituary or death certificate.)
Relationship: _____
- Other unusual mitigating circumstances. (Please provide a typed explanation and supporting documents – i.e. court records, police reports, letter from counselor or another unbiased third party who is not a family member, etc.)

Name _____ SS# _____ EMPLID # _____

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

By submitting this appeal, I certify that I have read and agree to the following. Initial on the line following each statement:

- I understand that appeals turned in without supporting documents will be denied. _____
- **I understand that I must attach a typed statement, explaining in detail the reason why I failed to make Satisfactory Academic Progress and what circumstances have changed so that I will be successful.** _____
- I understand that handwritten appeals will be denied. _____
- Decisions on appeals are processed on a case-by-case basis. _____
- I have read the WCC SAP policy and understand why I am not making satisfactory academic progress. _____
- I understand that my WCC transcript cannot serve as my supporting documentation. _____
- If approved, I will be expected to read the messages regarding the terms of the appeal in the Message Center which is found in the Student Center in SIS _____
- I understand that the decision is final and not subject to reconsideration by any party. _____
- I understand that 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. _____
- I understand if I owe money to WCC as a result of Return of Funds, my appeal will not be considered by the committee until the amount has been paid in full. _____

Signature _____

Date _____