



# Wytheville Community College

## Appeal for Extension of Financial Aid

**Complete this form if you received notice that your total attempted credits exceed 150% of your current program's length. If you need to appeal for any other reason, you must complete the Appeal for Reinstatement of Financial Aid form.**

If you wish to appeal the loss of your eligibility for financial aid, please complete all four pages of this form. **Incomplete forms will be rejected.** Once this appeal form has been completed, please deliver it to the Financial Aid Office. You may also submit this form via e-mail as an attachment to [askfinaid@wcc.vccs.edu](mailto: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 eligibility extended. Yes  No

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

**Fall 2026**       **Spring 2027**       **Summer 2027**

	<b>Priority Deadline</b>	<b>Final Deadline for term</b>
<b>Fall 2026</b>	July 1, 2026	August 30, 2026
<b>Spring 2027</b>	November 1, 2026	January 23, 2027
<b>Summer 2027</b>	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 for one of the following reasons:

I have exceeded the maximum number of credits allowed (including transfer credits), but have not completed my program of study at WCC.

I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at WCC and am pursuing another.

I have exceeded the maximum number of credits allowed (including transfer credits), but I have previously completed a program at another school and am pursuing another at WCC.

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 \_\_\_\_\_

