

## Victor Valley College Financial Aid Office Appeals / Petition Application

Session Yr. \_\_\_\_\_ / \_\_\_\_\_  Fall/Win/Spr/Sum  Fa Only  Win Only  Spr Only  Sum Only **VVC-ID** \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ G.I. Bill Student? \_\_\_ Yes \_\_\_ No

City/St./Zip \_\_\_\_\_ Phone No: (     ) \_\_\_\_\_

*Please be informed that effective July 1, 1994, the Federal Regulation on Financial Aid limits Financial Aid to the maximum time frame of no more than 150% of the published length of the educational program of a full-time student. (Normally this will be 6 semesters for a student enrolled in 12 or more units. Part-time students will be prorated accordingly.)*

Briefly explain the reason for: \_\_\_ Unsatisfactory Progress, \_\_\_ Return to Title IV, or \_\_\_ Request for Extension.

**\*\*Attach supporting documents** ie: medical forms, etc. and additional page of explanation if necessary

**A copy of your current educational plan and all unofficial transcripts must be attached to this petition.**

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Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Petitions Committee Use Only

**APPROVED FOR:**  Fall/Win/Spr/Sum  Fall Only  Win only  Spr only  Sum Only

PELL  FSEOG (*if available*)  Work Study (*if available*)  G.I. Bill  Loan  Loan Only

Further Financial Aid will be contingent upon successful completion (2.0 cumulative G.P.A.) of the courses currently enrolled in and/or adherence to your Education Program Plan.

Last semester approved for Financial Aid: \_\_\_\_\_

Bring up cumulative G.P.A. to at least 2.0 or better \_\_\_\_\_

Bring up semester G.P.A. to at least 2.0 or better \_\_\_\_\_

Received Financial Aid for maximum number of semesters \_\_\_\_\_

**DENIED**  **RE-PETITION** after: \_\_\_\_\_

*FA Official's Explanation for Denial:*

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Signature of Committee Official \_\_\_\_\_

Date \_\_\_\_\_

*Appeal Approval/Denial Comments:*

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