

SOUTHWEST VIRGINIA COMMUNITY COLLEGE  
**Satisfactory Academic Progress Appeal Form**  
Aid Year \_\_\_\_\_

Name \_\_\_\_\_ EMPL ID # \_\_\_\_\_ (Required)  
Phone Number \_\_\_\_\_

**Please check the category that applies to you and follow the instructions for that category.**

\_\_\_(1) **Death in the Immediate Family.** Immediate family means parents, spouse, brother, sister, dependent child.  
*Attach a photocopy of the death certificate and complete the following information:*

Name of deceased \_\_\_\_\_  
Relationship to you \_\_\_\_\_

\_\_\_(2) **Illness/Injury/Medical Condition.** You (the student), your spouse, or your dependent children were injured or ill for an extended period of time. *Attach a copy of statement from your physician and complete the following information:*

Nature of illness/injury/medical condition \_\_\_\_\_  
Dates of illness/injury/medical condition \_\_\_\_\_

\_\_\_(3) **Better Grades.** After the loss of financial aid eligibility, I have completed 6 or more semester credits at SWCC without any additional W, X, F, U, I or missing grades and received at least a 2.0 GPA.

\_\_\_(4) **Completed fewer than 67% of credits that you have attempted.** Attach document explaining unusual circumstances regarding non-completion of hours attempted.

\_\_\_(5) **Exceeded 150% Time Frame for completing degree.** Attach documents and Academic Progress Plan explaining unusual circumstances regarding non-completion of degree and a list of classes required to complete current degree.

\_\_\_(6) **Other.** Appeals that will be considered are those that involve abuse, arrest, incarceration, or other unexpected circumstances beyond the control of the applicant. ***Complete documentation must be attached.***

Nature of the unexpected circumstance \_\_\_\_\_  
Date of the unexpected circumstance \_\_\_\_\_

**By signing this form, I certify that the information on this form is truthful and accurate**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Documentation: No appeal will be approved unless documentation is attached which supports this appeal. Print your name and SWCC EMPL ID number on all attachments. If documentation is not attached, you must make an appointment with the Coordinator of Financial Aid.**

If this appeal is approved and your financial aid is reinstated, it will not be retroactive to any term when these standards were not met. If approved, you must maintain satisfactory academic progress from reinstatement.

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**SWCC Financial Aid Office Use Only**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Requirements: \_\_\_\_\_

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**Financial Aid & Student Accounts Support Center**

Call toll free 1.855-877-3944 or  
Visit <https://mysupport.sw.edu> or  
Call 276-964-7755 or 276-964-7756.