



Financial Aid Appeal

Office of Financial Aid
1480 Nashville Pike
Gallatin, TN 37066
Fax: (615) 230-3487
financial.aid@volstate.edu

Name: _____ Date: _____ Vol State ID#: _____

What semester and year do you wish to return to class? Please check one of the following:

_____ Fall _____ Spring _____ Summer **What year do you wish to return?**

Phone Number: _____ College Major: _____

I understand that by signing below I am attesting that all information reported on this appeal form is complete and accurate. I understand that in order for my appeal to be reviewed I must submit supporting documentation that relates to my reasoning for falling below the SAP requirements and have a current FAFSA completed.

Student Signature: _____ Date: _____

Please check the box below to indicate the reason for your appeal:

- Probation/Suspension due to GPA (Complete page two)
- Probation/Suspension due to PACE (Complete page two)
- Failed PLAN due to not completing PLAN requirements (Complete page two)
- Probation/Suspension due to Max Time Frame (Complete page one only)

All Max Time Frame Appeals must include a copy of the student's Degree Works Evaluation.

Documentation must be provided at the time the appeal is submitted.

No appeal will be reviewed without documentation.

For Max Time Frame Appeals Only: Please use the space below to explain why you have gone over the maximum attempted hours allowed for your degree level.

Name: _____ V#: _____

For all GPA, PACE, or Failed PLAN appeals: Please use the space below to explain the circumstances which caused your past unsatisfactory performance.

For all GPA, PACE, or Failed PLAN appeals: Please use the space below to explain how the above issues have been corrected or list the steps you are currently taking to ensure that the circumstances do not reoccur.