

## 2026 - 2027 Maximum Hour Financial Aid Appeal Form Appeal Process

To remain eligible for financial aid at Eastern WV Community and Technical College, students must maintain Satisfactory Academic Progress (SAP) toward completion of an eligible degree or certificate program. SAP is reviewed at the end of each semester to ensure students are meeting federal financial aid standards for both academic performance and successful course completion.

Federal regulations require evaluation of GPA, completion rate, and maximum timeframe. Eastern WV CTC'S complete SAP policy is available on our website.

Programs	Hours Attempted	Cumulative GPA	Completion Ratio
Associate degree	0-45+	2.00	67%
Certificate degree	0-16+	2.00	67%

\*\*Attempted hours\*\* include all credit hours in which a student was enrolled at Eastern WV CTC. This includes repeated courses and courses with grades of "F," "W," "I," or "NC." Transfer credits accepted toward a degree or certificate program at Eastern WV CTC are also included in the calculation of attempted hours.

### INSTRUCTIONS:

- Students typically receive one semester of Financial Aid Warning before being placed on Financial Aid Suspension. During the warning semester, students must meet published SAP standards for cumulative GPA and completion rate to remain eligible for aid.
- Students who fail to meet SAP requirements due to unusual circumstances beyond their control may submit a SAP Appeal with supporting documentation. Circumstances must be temporary and unlikely to recur.
- **READ THE INSTRUCTIONS CAREFULLY.** All forms and documentation must be submitted by the respective deadline. **Incomplete appeals will not be reviewed.** Appeals received after the deadline will be considered for the next semester.
- **PROCESSING TIME WILL VARY.** Appeals are reviewed within 15 business days of receipt. You will be notified in writing once a decision has been made; however, you may track the processing of your appeal through your MyEastern account.
- **TIMING OF YOUR APPEAL FILING IS IMPORTANT.** If you file late, you must pay your own tuition by the tuition due date or you will be dropped from your courses for nonpayment. **Do not rely on the success of your appeal for tuition payment.** You must attend all of your classes while awaiting your appeal decision but, be aware that if your appeal is denied you will be responsible for paying all charges from your own resources.
- **AN APPEAL DOES NOT GUARANTEE A FULL AWARD.** If you did not meet the academic progress requirements, you have lost your financial aid eligibility which may include all of the aid that was offered to you for the remainder of the academic year. If your eligibility is reinstated through an appeal, we will award you with the funds we currently have available.
- **IF YOUR APPEAL IS DENIED,** your current or future offer of aid is subject to cancellation, and no aid (grants or loans) can be paid to you

Eastern West Virginia Community & Technical College | 316 Eastern Drive Moorefield, WV 26836

Phone: 304-434-8000 | FAX: 304-434-7004 | FINAID@easternwv.edu

A member institution of the Community and Technical College System of West Virginia. Higher Learning Commission Accredited. Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

# 2026 - 2027 Financial Aid Suspension Appeal Form



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

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Telephone Number (Including Area Code)

\_\_\_\_\_  
Email Address

Please use this form, along with required supporting documentation, to appeal the suspension of your financial aid eligibility resulting from your failure to meet Eastern WV's minimum standards for Satisfactory Academic Progress (SAP). Only valid appeals with documented extenuating circumstances will be reviewed by the Financial Aid Office. Be sure to add your name and student id number to all forms of documentation submitted.

Complete this packet to appeal your Financial Aid Suspension. Incomplete appeals will not be reviewed.

## **DESCRIPTION OF EXTENUATING CIRCUMSTANCES AND REQUIRED DOCUMENTATION**

I wish to appeal the suspension of my financial aid for the reason(s) indicated below:

- MEDICAL:** If a personal medical problem contributed to your failure to maintain SAP, attach documentation that includes treatment dates from a medical professional from whom you have received treatment.
- DEATH/ILLNESS:** If the death or illness of an immediate family member contributed to your lack of SAP, please attach appropriate copies of medical records, death certificate, obituary etc.
- DIVORCE OR MARRIAGE SEPARATION:** Provide a letter from your or your parent's attorney on the law firm's letterhead or copy of divorce decree.
- DISASTERS:** If events such as fire, flood, earthquake, earth tremors, etc. have occurred you must provide insurance claims or other documentation verifying the date of the disaster.
- SIGNIFICANT TRAUMA THAT IMPAIRED YOUR EMOTIONAL AND/OR PHYSICAL HEALTH:** Provide a detailed explanation regarding the specific circumstances of your condition. Include dates and what you have done to overcome your condition. Attach supporting documentation from a third party; physician, social worker, counselor, police, attorney, etc. Explain how the situation has changed to such an extent that it will not impair your future academic performance.
- WORK RELATED DIFFICULTIES:** If the loss or change in employment impaired your performance you must provide a letter from employer that verifies the dates and duration of the occurrence. The statement should specifically address work related difficulties and timeframes for with difficulty existed and how the work situation has changed to such an extent that it should not significantly impair future academic performance.
- OTHER CIRCUMSTANCES:** Please clearly state the circumstances (not listed above) in your letter of appeal and provide appropriate documentation. Explain how the situation has changed to such an extent that it will not impair your future academic performance.

**Note: Circumstances related to the typical adjustment to college life, such as working while attending school, financial issues related to paying bills, and/or car maintenance/travel to campus, are not considered as extenuating for purposes of appealing.**

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

\_\_\_\_\_  
Student ID Number

**The following requirements must be submitted to the Financial Aid Office for your appeal to be reviewed:**

1. A completed Appeal Form
2. A signed, formal, personal statement explaining your extenuating circumstances
3. Supporting documentation that supports your extenuating circumstances
4. An explanation of steps that will be taken to ensure that the minimum SAP standards will be met
5. An academic plan completed and signed by your Academic Advisor

### STEPS FOR ACHIEVING SAP:

- Current Major: \_\_\_\_\_
- Anticipated Graduation Date: \_\_\_\_\_
- I need to complete \_\_\_\_\_ credit hours to graduate.
- My current GPA is \* \_\_\_\_\_
- My GPA should be \_\_\_\_\_ according to SAP standards.
- I have attempted\* \_\_\_\_\_ credit hours throughout my academic history.
- I have successfully completed \* \_\_\_\_\_ credit hours throughout my academic history.

**\*For continuing students, academic information may be found on your MyEastern account. Select the following menu items; Student Information, then Student Records, and then Academic Transcript. After you hit Submit, towards the bottom you will find the Transcript Totals section with your cumulative GPA and credit hours.**

- My current Completion Percentage is \*\* \_\_\_\_\_ %
- My Completion Percentage should be \_\_\_\_\_ % according to SAP standards.

\*\*To calculate your completion percentage, you take the total hours you passed and divide it by the total hours you attempted.

Please check the box for all of your **strategies**, including any plans you have or will need to have, which will help to achieve the Standards of Academic Progress, as well as graduate in your stated program. A signature from the appropriate faculty or staff member must be provided signifying that you made contact with them.

- Seek assistance from the Student Success Center: School Official's Signature \_\_\_\_\_  
Tutoring Services
- Seek assistance from Student Services: School Official's Signature \_\_\_\_\_  
Disability Services                      Counseling Services                      Attend a mandatory Academic Success Workshop
- Seek assistance from Academic Affairs: School Official's Signature \_\_\_\_\_  
Academic Advisor                      Professors
- Seek assistance from Records and Registration: School Official's Signature \_\_\_\_\_  
Academic Forgiveness                      D/F Repeat

Other: \_\_\_\_\_

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

\_\_\_\_\_  
Student ID Number

## STUDENT CERTIFICATION:

I understand that appeal decisions are made on a case-by-case basis. I understand the submission of this form does not constitute an approval of my appeal and that I must still make payment arrangements.

I understand if my appeal is:

- **DENIED**, I will not receive financial aid and will make alternative payment arrangements. By signing below, I understand that decisions are processed on a case-by-case basis and the Financial Aid Office may deny any SAP appeal. I also understand that the decision of the appeal is final. I understand that in order to regain my financial aid eligibility I must meet the federal SAP requirements.
- **APPROVED**, I will be granted aid on a probationary status. By signing below, I understand that in order to continue my eligibility I will be expected to meet all SAP requirements. I will maintain a semester GPA of at least 2.0 and not withdraw or fail to receive credits for classes enrolled. I will only enroll in hours that are recognized as required courses towards graduation.

I understand that failure to meet these requirements may result in the loss of my financial aid eligibility and that I will be responsible for all charges on my student account until SAP standards are met.

By signing below, I certify that I have read and understand the conditions and requirements of this appeal process. I also understand that failure to comply with these requirements may result in the denial or loss of financial aid eligibility.

I further certify that all information and supporting documentation submitted as part of this appeal is true, accurate, and complete to the best of my knowledge. I understand that submission of false or misleading information may result in the immediate denial of my appeal.

Student Signature: \_\_\_\_\_

Date of Application Submission: \_\_\_\_\_

## 2026 - 2027 Maximum Hour Financial Aid Appeal Form

**ATTENTION ADVISORS**-A student's appeal will only be considered with the submission of a completed academic plan developed by the student and his or her advisor. The plan must demonstrate an outline of the coursework necessary to achieve the minimum Satisfactory Academic Progress (SAP) standards. At the end of each semester, the student's academic record will be reviewed to ensure that he or she is following the plan.

### SECTION 1-STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

### SECTION 2-ACADEMIC PLAN

Develop a plan outlining the courses and grades required for the student to regain SAP eligibility within the allowed timeframe.

- \* Certificate programs: maximum of 2 full-time semesters or 4 part-time semesters
- \* Associate degree programs: maximum of 4 full-time semesters or 8 part-time semesters

Only include courses required for the student's current major. If the student's cumulative GPA is below 2.0, the plan must specify the minimum grades needed to meet SAP standards.

#### Semester 1

Course Name	Credit Hours/Grade Needed to Ensure SAP
Example: Math 110	Example:3/B

#### Semester 2

Course Name	Credit Hours/Grade Needed to Ensure SAP

ADDITIONAL COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing, I certify that I have discussed the academic plan contained in this recommendation with the student.

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_