



# WYTHEVILLE COMMUNITY COLLEGE

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Web Address: http://www.wcc.vccs.edu

## WCC Appeal for Determination of Eligibility

Student Name: \_\_\_\_\_ ID : \_\_\_\_\_

### Step 1:

Please check the reason for your appeal.

- Death of immediate family member- explain in detail in your letter (Step 3)
- Illness/Injury/Medical Condition-explain in detail in your letter (Step 3)
- Loan Denial
- You have reached the 150% maximum for your current program of study, but have not yet completed the program
- Other-explain in detail in your letter (Step3)

### Step 2:

Please answer the following questions with the help of your Academic Advisor. In the event that your appeal is granted, this information will be required to determine your academic plan based on the required courses needed to complete your program at WCC.

What is your current program of study on file with the Admissions Office? \_\_\_\_\_

List of courses REQUIRED to complete your current program of study:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on this list of required courses, when will you complete the program? \_\_\_\_\_

Do you plan to pursue another program of study upon completion of your current program? (i.e. LPN to RN, Dental Assisting to Dental Hygiene, CSC Health Sciences to any other Allied Health Program) \_\_\_\_\_

If yes, list the program and REQUIRED courses to complete that program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on this list of required courses, when will you complete the program? \_\_\_\_\_

### Step 3:

Attach a letter that addresses 1)What circumstances prohibited you from making Satisfactory Academic Progress in past semesters? **AND** 2)What changes you have made to ensure that these circumstances do not prevent you from making Satisfactory Academic Progress in future semesters?

If you are appealing because of a medical condition or death of immediate family member, please include a detailed explanation as part of your letter and attach documentation from a doctor or copy of death certificate.

Complete all three steps and return to the WCC Financial Aid Office.

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

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