125% Rule: Credit Hour Threshold Appeal Form

This form is to be used by students receiving notification of the Virginia credit hour threshold limits. If you received this notification and would like to appeal, please complete and submit to Student Financial Services. Your request will be reviewed and you will be notified via your campus email address of approval or denial. Submit completed appeal form to sfs@virginia.edu.

Please make sure you include all documentation requested for your specific appeal.

If you have been impacted by any of the items listed below you may be eligible for a waiver of the surcharge. Complete the following section and attach a typed detailed description of your special circumstances and include documentation on official letterhead that supports the circumstances indicated (i.e., doctor's letter, death certificate, employer's letter, military orders, letter from school advisor/program director/dean, etc.). All documentation should include specific dates that relate to the special circumstances.

Please indicate the circumstances affecting student performance or completion of a term:

- Death or long term disability of an immediate family member, person providing financial support, or dependent
- Involuntary loss of student employment resulting in withdrawal from a term
- Illness, disability, or other medical issues effecting progress of student
- Active or reserve service in the armed forces of the United States or other state or national military mobilization
- Other state or national emergency
- Service in AmeriCorps or Peace Corps
- Other – please explain: ____________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

Academic Advisor’s Comments (Optional): ____________________________________________
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

Student’s Signature: ___________________________ Date: ______________
Student’s Printed Name: ___________________________ Student ID: _______________
Student’s Email Address: ___________________________ Phone: __________________

For Appeals Committee use only:

Approved: _______________ Denied: _______________
Date: _______________ Initials: _______________