

Vol State ID Number (if available) V _____



2009-2010 ADDITIONAL INFORMATION FORM

Office of Financial Aid
1480 Nashville Pike
Gallatin, TN 37066-3188
(615) 452-8600 ext. 3456
FAX (615) 230-3487
www.volstate.edu

Name _____

Address _____
Street City State Zip

Social Security Number _____ Date of Birth _____

Home Telephone Number _____ Work Number _____

Cell Number _____ Email Address _____

I UNDERSTAND:

I must maintain Satisfactory Academic Progress as follows:

- a. I must pass 2/3 (.667) of all hours attempted each semester with a minimum 2.0 grade point average.
- b. I will be granted one semester of financial aid probation if I fail to maintain the required hours and grade point average . . . (exception Item c) . . .
- c. I will be removed from all funding any semester that I pass 0 hours with a 0.0 grade point average with the exception of a first time withdrawal.
- d. To be reinstated from financial aid suspension, I must enroll in a minimum of 6 credit hours for one semester and pass at least 2/3 of those hours with a 2.0 or higher grade point average.
- e. I can be considered for aid until I have attempted 90 credit hours for degree or 62 hours for certificate.
- f. I understand that all prior academic records will be reviewed before I will be eligible to receive aid.
- g. If awarded, I will receive a copy of the complete Satisfactory Academic Progress Policy.

I UNDERSTAND:

Attendance is mandatory. If I never attend a class, I will be deemed as a “non-attender” and will be required to repay a portion or all of my federal funding. If I take RODP courses, I must engage processing on the D2L in order to establish attendance.

I AUTHORIZE:

VSCC Business Office to deduct all charges that I incur through the institution from my Federal Title IV funds. These charges include, but are not limited to tuition, fees, as well as library fees, non-attendance repayments and prior year charges (up to \$200). These charges do not and will not prevent me from paying my current educational costs.

I understand that I may, at any later date, rescind or modify this authorization.

Signature of Student

Date