



Satisfactory Academic Progress (SAP) Appeal Form

For Federal Financial Aid

A. STUDENT INFORMATION

| | | | |
|--------------------------|-----------------------------|--|-------------------------------|
| Last Name | First Name | MI | Student ID Number or SSN |
| WSCC Email | | Phone Number | |
| | | / / | |
| Alternate Email | | Date of Birth | Last Term & Year Attended |
| | | FALL 20_____ | SPRING 20_____ SUMMER 20_____ |
| Program of Study / Major | Anticipated Graduation Date | 1 st semester are you requesting financial aid be reinstated? | |

B. REASON

Federal regulations govern SAP policies and procedures. SAP appeals may only be approved for situations considered extenuating and beyond your control that prevented you from satisfying the requirements to maintain SAP.

Reason for Financial Aid Termination. Check all that apply.

- Cumulative GPA (Your cumulative GPA must be at least 2.0)
- Completion Rate (You must complete at least 66.67% of the credits you attempt)
- Maximum Timeframe (You're eligible for financial aid for 150% of the published degree credits required)

Reason for Appeal. Check all that apply.

- Student's health (including but not limited to severe physical or mental illness)
- Immediate family member's health (including but not limited to severe physical or mental illness)
- Death of student's immediate family member
- Other: _____

Academic Dismissal: *This appeal will not result in an academic reinstatement.*

Contact your academic department for information on reinstatement to your program of study.

| OFFICE USE ONLY | APPEAL: <i>1st or 2nd</i> | DENIED | APPROVED | TERM | FOLLOWING ED PLAN |
|----------------------|---------------------------|---------|----------------------|------|-------------------|
| Prog. Max _____ | Grades/Transcript _____ | Comment | SAP Status & Comment | | |
| MTF _____ | Pell LEU _____ | Roster | Package | | |
| GPA _____ | Loans _____ | Email | Scan Ed Plan | | |
| MCP _____ | Start Term _____ | | Roster | | |
| Transfer Hours _____ | End Term _____ | | Email | | |
| Additional Comments: | | | | | |

Student's Name:

Student ID Number
or SSN:

C. INSTRUCTIONS AND REQUIRED DOCUMENTATION

The Office of Financial Aid has established an appeal process to review all financial aid appeals related to Satisfactory Academic Progress (SAP). To have an appeal reviewed, all appropriate and required documentation must be submitted to the Office of Financial Aid before the deadline. Appeals received after the deadline will be reviewed, however, if the appeal is approved, the student will regain eligibility for financial aid beginning the next semester enrolled. If you have any questions, please contact the Office of Financial Aid.

- To complete an appeal, follow ALL steps below:

1. **Schedule an appointment to meet with your faculty advisor, and/or your success coach.** Speak with them about the circumstances of your appeal. Ask them to complete **Pages 3 & 4** of attached form and include relevant comments, fill in the SAP timetable, and sign/date advisor section (*outlined in sections "E" - "G"*) before submitting your appeal. **An incomplete appeal will be returned to the student.**
2. **Pages 1 & 2** – Student to complete the Student Section of the SAP appeal form with signature and date.
3. **Student to write a successful Letter for their appeal** that explains in detail What occurred during the previous semester(s), What has Changed, and What corrective measures have been taken or will take to achieve and maintain satisfactory academic progress.
MTF appeal letters should explain what degree you are currently seeking, why you have the maximum credit hours, when you will graduate, and what are your plans once you have obtained this degree.
4. **If you are appealing due to GPA and/or Completion Rate**, you must include documentation to support your appeal as outlined in the examples below.
 - **For GPA or Completion Rate** – *An appeal without supporting documentation will be returned to student.*
 - **For MTF** – *If you are appealing for Max Time Frame, supporting documentation is not required*
5. **Completed & signed appeal packets** may be dropped off in person at the WSCC Student One Stop, Or, fax 740.376.0257, scan & email finaid@wscce.edu or mail 710 Colegate Dr., Marietta, OH 45750.
All students will receive an email response on the SAP Committees decision through their WSCC email.

Examples of supporting documentation:

- Medical records
- Statement from physician, counselor or therapist that includes date(s) under care and how situation is resolved or being managed
- Obituary or Funeral program,
- Certified death certificate or birth certificate
- Police report or similar
- Signed letter from family or friend
 - > Include relationship to student, explanation of situation, effect on student and how situations are resolved or being managed
- Documents from repair company
 - > Indicating severity of damage
- Other documents depending on situation

DEADLINE

An appeal form along with all appropriate documentation must be submitted no later than the 3rd Friday of the semester for which financial aid is being requested. Appeals received after the deadline will be held until the following semester.

D. CERTIFICATION STATEMENT

*By signing this statement I understand that appeals are decided on a case-by-case basis by the WSCC SAP Appeal Committee. I understand the submission of this form does not constitute approval of my request. Appeal decisions are final and cannot be further appealed. If my appeal is denied, I understand I will be ineligible for financial aid until I have resolved my SAP deficiencies. I understand I will be notified by my WSCC email. If for any reason my circumstances change, I will notify the Office of Financial Aid. **If I choose to enroll and attend classes while my SAP Appeal is pending or my appeal is denied, I am responsible for any fees or costs incurred at Washington State Community College.***

STUDENT SIGNATURE: _____

DATE: _____

| | |
|-----------------|------------------------------|
| Student's Name: | Student ID Number or SSN: |
|-----------------|------------------------------|

E. FACULTY / SUCCESS COACH INFORMATION (COMPLETED BY ADVISOR)

Faculty/Success Coach Name

Title

Department

Campus Phone Number

Ext

F. ACADEMIC SUPPORT (COMPLETED BY ADVISOR)

Ask your faculty advisor success coach or dean's office representative, whom you have made aware of your situation, to complete the information below and provide comments relevant to this appeal. *This form will remain in the student's financial aid file, available for student's review.*

I support this appeal because:

Please outline future steps the student will take to ensure satisfactory academic progress:

| | |
|--------------------------|-------|
| Faculty/Staff Signature: | Date: |
|--------------------------|-------|

G. TIMETABLE of Remaining Coursework for Degree Completion (COMPLETED BY ADVISOR)

Student's Name:

Student ID #:

Program/Degree:

Projected Graduation Date:

| Semester | | Year |
|--------------------|-------------|--------------|
| Course ID | Course Name | Credit Hours |
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| Total Credit Hours | | |

| Semester | | Year |
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| Course ID | Course Name | Credit Hours |
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| Total Credit Hours | | |

| Semester | | Year |
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| Course ID | Course Name | Credit Hours |
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| Semester | | Year |
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| Course ID | Course Name | Credit Hours |
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| Semester | | Year |
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| Course ID | Course Name | Credit Hours |
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| Total Credit Hours | | |

Faculty/Staff Signature:

Date: